



White Cane Program Application

Missouri Council of the Blind • moblind.org • (800) 342-5632

Plain PDF form. Print or write on the form to complete.

Applicant Information

First Name

Last Name

Email

Phone

Street Address

City / State / ZIP

MCB Member?

Yes No

Affiliate Type

Affiliate Name

Cane Request

First Request?

Yes No

Cane Length

Cane Type

Mail completed form to MCB St. Louis office.