

Yosemite Gateway Chapter  
California Council of the Blind

Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Birth date: \_\_\_\_\_

Check one:

- Sighted
- Low Vision
- Visually impaired
- Blind

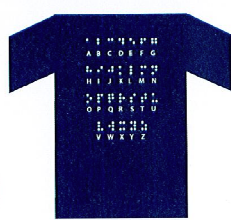
Format requested for the Blind Californian

- Email
- Large print
- Cassette tape
- Diskette
- Braille

Annual dues: . \$10.00

Yosemite Gateway CCB T-Shirt: \$12.00

\_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_ XX-Large



Total enclosed: \$ \_\_\_\_\_

Make checks payable to: Yosemite Gateway Chapter of CCB

Mail to: Margaret Buchmann-Garcia  
Yosemite Gateway CCB  
PO Box 2036  
Merced, CA 95344