



Yosemite Gateway  
Council of the Blind

Membership Form



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 (optional): \$12.00

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



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

Make checks payable to: YGCB  
Bring to next meeting, January 19<sup>th</sup>, or mail in the enclosed envelope.