



formerly The Bermuda Society for the Blind
Serving Bermuda's blind and vision impaired community since 1957

Membership Renewal 2022

I wish to renew my Membership of Vision Bermuda

Title First Name Last Name

Home Address Mailing Address

City/Parish/Postcode City/Parish/Postcode

Email Home Phone # (_____)_____

Business Phone # (_____)_____ Cell # (_____)_____

Preferred Contact Method or Number _____

Renewal Amount Can Be Paid:

_____ \$10 Student or Senior _____ \$20 Regular _____ \$100 (minimum) Patron

- My check payable to Vision Bermuda is enclosed
- I have made/will make my payment by credit/debit card in person/via telephone/online
- I have made a direct deposit to BNTB Account Number 20 006 060 513842 100 in the name of Vision Bermuda. I included my name and the word "Membership" as a Payee Reference so that you may identify my payment

Signature

Date

THANK YOU FOR RENEWING YOUR MEMBERSHIP!