



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

Membership Application
(Subject to Board Approval)

Title First Name Last Name Nickname

Address

City/Parish, Postcode

Email Home Phone # ()

Business Phone # () Cell # ()

Preferred Contact Method or Number

Annual dues 1 January - 31 December (or part thereof) :
\$10 Student or Senior \$20 Regular \$100 (minimum) Patron

My check payable to Vision Bermuda is enclosed

I have made a direct deposit to the Vision Bermuda account held with BNTB, Number 20 006 060 513842 100. I included my name and the word "Membership" as a Payee Reference so that you may identify my payment.

Signature

Date

Optional Information:
Blind
Vision impairment

I would be interested to serve as:
Committee/Board Member
Volunteer