



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

Membership Renewal 2026

I wish to renew my Membership of Vision Bermuda

Title	First Name	Last Name
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Address

Email	Phone # ()
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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

If completing electronically please type your name

Date

THANK YOU FOR RENEWING YOUR MEMBERSHIP!