



**NFB-NEWSLINE®**  
**APPLICATION/REGISTRATION FORM**  
200 East Wells Street, Baltimore, Maryland 21230  
866-504-7300 • (fax) 410.685.5653  
www.nfbnewsline.org

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

I am registered with a state or private vocational rehabilitation agency for the blind.  
 Yes  No If yes, please specify: \_\_\_\_\_

I am enrolled in a public school special education program for the blind or state residential school for the blind.  Yes  No

If yes, please specify: \_\_\_\_\_

I am registered with a cooperating regional library under the program of the National Library Service for the Blind and Physically Handicapped of the Library of Congress.  Yes  No

If yes, please specify: \_\_\_\_\_

If you answered "no" to all the above questions, you must include with this application a copy of a letter from one of the following, which certifies that you are blind or unable to read newsprint due to a disability.

- Your doctor
- Social Security Award letter
- President of a local chapter or state affiliate of the National Federation of the Blind
- Teacher or counselor of the visually impaired or disabled

*I certify that I am visually or physically impaired and unable to read a print newspaper.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO THE ABOVE ADDRESS.**

OFFICE USE ONLY

ID#: \_\_\_\_\_ Security Code#: \_\_\_\_\_ Date Numbers Given: \_\_\_\_\_