

**Tri-State Independent Blind Society, Inc.
3333 Asbury Rd, Dubuque, IA 52002
Membership Application
Membership Dues are \$5.00 per year**

Last Name

First

Middle

Address, City, State, ZIP

Phone Number

Date of Birth

Vision Problem, Cause

Why would you like to join the organization?

A brief statement about yourself

Are you able to attend activities if transportation is provided?

What services would you be interested in?

How did you hear about us?

Signature

Date