

GOPBC Membership Form

I would like to join the Georgia Organization of Parents of Blind Children. Enclosed is my \$10.00 GOPBC membership fee which includes membership to the National Organization of Parents of Blind Children and subscriptions to Future Reflections and The Braille Monitor. (Make checks payable to: NFB of Georgia.)

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-mail: _____

Name of child: _____

Child's birth date: _____

Please check all that apply: () Parent () Teacher () Other: _____

Please send me the following FREE item(s):

- () Future Reflections introductory issue and packet
- () Blind students in the regular classroom packet
- () Low vision packet
- () Parents of blind children packet
- () Multiply disabled/blind children packet
- () Braille literacy packet
- () Brochure packet for parents/teachers of blind children
- () Cane travel (O&M) packet
- () Early childhood packet
- () IEP packet
- () Other: _____

If you are not interested in joining, please consider making a donation. Checks should be made payable to the NFB of Georgia. Membership applications, checks, and requests for additional information should be mailed to:

Georgia Organization of Parents of Blind Children

P. O. Box 941835

Atlanta, Georgia 31141-1835

(404) 371-1000 ext 31

E-mail: president@gopbc.org