



THE PACIFIC TRAINING CENTRE FOR THE BLIND

Membership Form

Name: _____

Email Address: _____

Phone: _____

Mailing Address: _____

Today's Date : _____

Are you blind or sighted: _____

Members are required to pay an annual membership fee of \$5 and abide by
The Pacific Training Centre for the Blind's constitution and bylaws.

Thank you for choosing to join us.

Signature: _____