**DeafBlind League of NJ Membership Form**  
             
This membership form is: ☐ New ☐ Renewal

Name:

Address:

Phone:

Email:

Please check all that apply:

☐ Deafblind ☐ Deaf ☐ Hard of Hearing

☐ Blind ☐ Low Vision ☐ Hearing/Sighted

Each year, DBLNJ sends a directory to our members. Please check your contact information you want included in the directory.

☐ Name

☐ Mailing Address

☐ Phone Number

☐ Email Address

How would you like to get your DBLNJ correspondence?

☐ Email

☐ USPS Mail

☐ Braille ☐ contracted ☐ uncontracted

**MEMBERSHIP DUES:**

*There is currently $10.00 fee for membership. To make a donation, go to PayPal.com and send funds to* **DBL.NJ@aol.com**  
   
To complete your membership, either:

1. Email this form to Julie Troger, Membership Chair, at: [**trogfamily@comcast.net**](mailto:trogfamily@comcast.net)
2. Send this completed Membership Form to:  
   Julie Troger, Membership Chair 44 Ravenslake Rd  Monroe Township, NJ 08831
3. To pay via PayPal, log into your account. Input Sender's address as" DBL.NJ@aol.com " & put your Full Name and Address in the "NOTES" section

**THANK YOU FOR YOUR SUPPORT!**