

**MCB MEMBERSHIP FORM:  
PLEASE PRINT:**

**NAME:**

**MAILING ADDRESS:**

**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**PERISCOPE FORMAT:**

**BRAILLE: LARGE PRINT: EMAIL: NLS CARTRIDGE:  
Computer CD:**

**BRAILLE FORUM FORMAT:**

**BRAILLE: LARGE PRINT: EMAIL: NLS Cartridge:**

**CHAPTER AFFILIATION:**

**BIRTHDAY:**

**DATE OF JOINING:**

**FULLY SIGHTED? YES: NO;**

**MAIL TO:**

**Rene Virden – Treasurer**

**PO Box 31112**

**Jackson, Ms 39286**

**MCB STATE DUES: \$10**