

Mail this form to:

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Florida Deaf-Blind Association, Inc.

Deaf-Blind Registry

Victoria Magliocchino (VCooler@aol.com), *President*
Cheryl Rhodes (live.oak@comcast.net), *Vice-President*
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Joseph Naulty (jnaulty@cfl.rr.com), *Member-at-Large*
Douglas Lamb (dlmab46@tampabay.rr.com), *Member-at-Large*
Nellie Pohlmeier (nelliepohlmeier@hotmail.com), *Past President*

Name: _____

Address: _____

Date of Birth: ____/____/____

Email address: _____

Want to be on listserv?: ____ Already on it ____ Yes ____ No

Phone number: (____) _____ - _____

Check one: ____ VP ____ TTY with Braille ____ Voice

Cause of Blindness: _____

Cause of Deafness: _____

Communication Needs – Check all that applies to you:

___ Close Vision ___ Tactile
___ Large Print ___ Braille
___ ASL ___ Lip reading/voicing
___ Other: _____

