



Life Time
MEMBERSHIP FORM

I agree to pay \$100.00 dues to the National Association of Blind Merchants and therefore become a life time member of the National Association of Blind Merchants.

Name: _____

Address: _____

City/State/Zip: _____

Home Phone/Work Phone: _____

Fax Number: _____

Email: _____

Type of Vending Facility: _____

Name of Business: _____

Please make checks payable to:
National Association of Blind Merchants
7450 Chapman Highway
Suite 319
Knoxville, TN 37920

RECEIPT

Received from _____
In the amount of _____ dollars. Date: _____
