

## CONTRIBUTION (MEMORIAL SCHOLARSHIP FUND)

Name:

Address:

City/State/Zip:

Amount: \$ **payable to VAVF, Inc.**

In memory/honor of:

**Send to: Euniz Lochte, Treasurer, 8840 Great Cove Dr., Orlando, FL 32819-4100.**

If there is a special occasion, such as a birthday or anniversary, or if the contribution is in memory/honor of, please fill in the information below and a card will be sent to the family of/honoree, with your brief message.

Family/Honoree Name:

Address:

City/State/Zip:

Occasion/Brief Message:

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## MEMBERSHIP APPLICATION OR RENEWAL

Membership in VAVF is based on the calendar year—January-December. If you wish to join the statewide organization, please fill in the categories shown below on the membership application form and send it to **Euniz Lochte, Treasurer, 8840 Great Cove Dr., Orlando, FL 32819-4100.**

Name:

Address:

City/State/Zip:

E-mail:

Phone:

**Braille Certifications & Year** (If still studying for certification or working without certification, ✓ [check] appropriate box.):

Literary (EBAE)

Literary (UEB)

Textbook Formats

Nemeth

Music

Proofreading

### Other Visual Aid Specialties:

Foreign Language

Recording

Tactile Graphics

Large Print

Other

The VAVF newsletter and other correspondence are sent via email. If you need a different format, please indicate by selecting one of the following options:

Regular Print

Large Print

Braille

**FEES:** \$15.00 Regular Membership

\$20.00 Booster Membership

\$5.00 Associate Membership (spouse or other family members who accompany brailleists/tapists/other media users to conferences)

\$150.00 Lifetime Membership (may be paid in installments over 3 years)

**Indicate total amount paid: \$ payable to VAVF, Inc.**