

Membership Application

Name: _____

Address: _____

City: _____

State/ZIP: _____

Phone: _____

E-mail: _____

Please check those that apply:

\$10 membership (minimum annual)

\$100 Life Membership

• \$_____ Other Donation to:

• \$_____ In Memory of:

Name: _____

Yes, I also want to be a volunteer driver.

Please print out and mail this form with your check to:

Sierra Services for the Blind
546 Searls Avenue
Nevada City, CA 95959

Or, to make a donation using your credit card, please provide the
following information or call us at (530) 265-2121

Card Type: Visa Master Card American Express Discover]

Card Number: _____

Exp Date: _____ Security Code: _____