

## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check those that apply:

\$25 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

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Card Type:  Visa  Master Card  American Express  Discover ]

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_