



## Organization Application

Please fill out the following form to become an Organization Member of the Northwest Association for Blind Athletes.

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

Address; (City, State, Zip) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

### Type of Organization:

Non-Profit Organization

Profit Organization

Description of Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Organizational Membership Levels:

1-year Membership - \$75.00

Life-Time Membership - \$200.00

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*"Enriching the lives of the blind through athletics"*

### Send Applications to:

NWABA/P.O. Box 65265/Vancouver, WA 98665  
1-800-880-9837/www.nwaba.org/info@nwaba.org