

2012 MEMBERSHIP APPLICATION/SUBSCRIPTION FORM

Only individuals may be members of NBA. A subscription to the *Bulletin* is included in the cost of membership.

DUES: Regular members residing within the U.S.—\$50; outside the U.S.—\$55; Sustaining—\$60; Patron—\$150. Yearly membership is for the calendar year, January 1 through December 31. **50% off after June 30—NEW MEMBERS ONLY.**

PAYMENT: All payments must be in U.S. currency. To join NBA or subscribe to the *Bulletin*, please make check payable to the National Braille Association, Inc. and mail to: National Braille Association, 95 Allens Creek Road, Bldg. 1, Suite 202, Rochester, NY 14618

Please fill out the applicable section(s) of the form completely.

New **Renewal**

Name: _____
(last) (first) (middle)

Address: _____
(street) (city) (state) (ZIP/postal code)

Phone: (home) _____ (work) _____ (e-mail) _____

Please check applicable information below.

Braille Transcribing

Certification(s):

NLS (Literary) CNIB (Literary) NLS Math NLS Music NBA Textbook Formats

Check your specialties:

Custom braille transcribing (life activities, appliance manuals, knitting instructions, menus, etc.)

General textbooks

Math

Elementary

High School

College/Advanced

Chemistry

Music

Foreign Language

Tactile Graphics

Print to braille translation

Scanning/OCR

.rtf or .doc source files

NIMAS source files

Which braille software do you use?

Braille2000 Which version? _____

DBT Which version? _____

MegaDots Which version? _____

Braille producer (embossing agency, access resource center, etc.)

Are you an educator and/or working in an educational setting?

Teacher training (college level)

Braille transcribing (college level)

TVI/COMS

Paraprofessional, aide, student support, etc.

Braille production tech

Administrator

If visually impaired, do you want the *Bulletin* in braille? disk? (Check only one)

SUBSCRIPTION FORM for organizations and agencies. Subscriptions to the *Bulletin* mailed to address within the U.S.—\$50; outside the U.S.—\$60. **50% off after June 30—NEW SUBSCRIBERS ONLY**

Date: _____

Name: _____

Address: _____

Telephone: (home) _____ (work) _____ (cell) _____

If visually impaired, do you want the *Bulletin* in braille? disk? (Check only one)