

Angels for the Blind Auxiliary Annual Membership Form

Membership is open to any individual who has an interest in promoting the interests and welfare of Lions World Services for the Blind. Annual dues are \$35 per person.

Yes, I wish to be a part of this terrific auxiliary!

Please Print Your Information:

___ Enclosed, are my annual dues. (Make check payable to: LWSB Angels for the Blind Auxiliary)

___ Please charge my credit card.

Card Type: _____ (Ex: Visa, MasterCard)

Name as it appears on Credit Card: _____

Card Number: _____

Three Digit Security Code: _____ (This is on back of your credit card)

Expiration Date: Month _____ Year _____

Personal Information:

Title: _____ (Example: Mrs., Ms., etc.)

First Name: _____ Middle: _____

Last Name: _____

Mailing Address: _____

City/State: _____

Zipcode: _____

Email Address: _____

Contact Phone Number: _____ Alternate Number: _____

___ I am interested in volunteering for Auxiliary special event committees.

___ I am interested in doing volunteer work for LWSB – tell me how! (Note: LWSB Volunteer Coordinator will contact you)

Note: Each member must complete this form and return along with their dues, to:

Auxiliary Coordinator
Lions World Services for the Blind
2811 Fair Park Blvd.
Little Rock, Arkansas 72204