



2017-2018 ORAL HULL MEMBERSHIP APPLICATION

Membership in our organization is showing your support for the services and programs we provide to those with blindness and low vision. Your membership will help people maintain independence, despite vision loss. *Thank you!*

Name: _____ Date: _____

Address: _____

Street

City

ST

Zip

Phone: _____ Email Address: _____

_____ \$30 membership payment is enclosed

Check here if renewing membership _____

_____ \$300 life time membership payment is enclosed

I would like to make an additional donation of \$ _____

I am also interested in:

- Remembering Oral Hull in my will/estate
- Volunteering
- Quarterly newsletter
- Renting the Park and facilities information

Make check payable to and mail to:

Oral Hull Foundation for the Blind,

PO Box 157, Sandy, OR 97055

or pay on line at

www.hullparkfortheblind.org

Phone: 503-668-6195