



# RANDOLPH-SHEPPARD VENDORS OF LOUISIANA MEMBERSHIP APPLICATION



YEAR FIRST JOINED \_\_\_\_\_ New Member  Renewal

### HOME

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### BUSINESS

Business Name \_\_\_\_\_

Bus. Address \_\_\_\_\_

Bus. City \_\_\_\_\_ Bus. State \_\_\_\_\_

Bus. Zip Code \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Cellular \_\_\_\_\_ Bus. Fax \_\_\_\_\_

### MEMBERSHIP

(Please Check One)

- Regular Member**      Dues \$25.00 Any legally blind person who managers or is an employee in a RS facility.
- Associate Member**      Dues \$25.00, any person wishing to support the aims and goals of R.S.V.L.
- Life Member**      Free, retired, member for 5 years in good standing and nominated by state affiliate.
- Lifetime Membership**      Lifetime memberships may be attained with a one-time contribution of \$1000.00 or more.
- Corporate Member**      Dues \$1000.00, any business or organization wishing to support the goals of R.S.V.L.

(OVER)



# MEMBERSHIP PROFILE

Vendor

Spouse

Administrator

Employee

Other \_\_\_\_\_

Blind

Partial

Sighted

## VENDORSCOPE PREFERENCE

Large Print

Duplicate

Cassette

E-mail

## BRAILLE FORUM

Large Print

Cassette  (DO NOT SEND)

Braille

E-mail

Disk

## DONATIONS

Randolph-Sheppard Vendors of Louisiana \$ \_\_\_\_\_

Durward K. McDaniel Memorial Fund \$ \_\_\_\_\_

A legacy of legal support

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Dues are due January 1st, delinquent Marc 1st of each year

Please mail this completed form and your check to:

RSVL, 940 Parc Helene Drive, Marrero, LA 70072-2421

Phone: (504) 328-6373 • Fax: (504) 328-6372

E-mail: officemanager@rsvl.org or kim.venable@att.net

(OVER)