



World Blind Union
Union Mondiale Des Aveugles
Unión Mundial de Ciegos

MEMBERSHIP APPLICATION FORM

Organization Information

Applicant Organization Name:

Address:

City and Postal Code:

Country:

Telephone #:

Mobile #:

E-mail address:

Web-site:

Contact Person

Name of Contact Person:

Title/ Role in the Organization:

Telephone #:

E-mail address:

About your Organization

1. Is your organization an organization of and/or for blind persons?

Of the blind _____

For the blind (service provider) _____

Both of and for the blind _____

2. Is your organization International, National, Regional, Local?

3. Which category of membership are you requesting?

a. National _____

b. International _____

c. Associate _____

Any additional comments:

*Please note that if WBU already has a national member in your country, that member will be consulted as part of the application process.

Date

Signature

Please send completed application form together with background information about your organization and constitution (if available). Your application should be sent to the office of the World Blind Union at info@wbu.ngo, with a copy to the Regional President.

Please note that it is preferred that your application package be sent electronically in MS Word format so as to facilitate accessibility.

Updated: August 2018