



WORLD FEDERATION OF THE DEAFBLIND – WFDB
SPECIAL MEMBERSHIP APPLICATION FORM

I state that the entity named below wishes to apply for (*please, put X in the box as appropriate*)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | - Individual membership of the World Federation of the Deafblind. |
| <input type="checkbox"/> | - National membership of the World Federation of the Deafblind. |
| <input type="checkbox"/> | - Associate membership of the World Federation of the Deafblind. |
| <input type="checkbox"/> | - Sponsoring membership of the World Federation of the Deafblind |

If you're applying as an Individual member, please complete question 1 in and skip the part about the organisation, if you're applying as an organisation, go straight to question 2:

1. Your Contact details (only for individual members)

Name:

Address:

Country:

Telephone:

Texttelephone, tt y:

E-mail:

Website:

Your region (Asia/Africa/N.America/S.America/Pacific/Europe):

Are you a deafblind person: Yes

No

Why do you wish to join WFDB?

2. If you're applying as a national, associate or sponsoring member organisation please fill this in:

Name of the organisation *in your language and in English:*

- in national language:
- in English:

The initials or acronym of the organisation *in your language and in English:*

- in national language:
- in English:

Contact details of the organisation

Official address (seat):

Country:

Address of the office:

Telephone (with country and area codes): +

E-mail address:

Website:

Facebook:

Twitter:

Region of the organisation: (Asia/Africa/N.America/S.America/Pacific/Europe):

Information about the organisation

The date when the organisation was founded:

Official Registration and/or Company Number:

(please, provide the number given by the national authority which keeps the register of all formal organisations such as yours in your country)

Type of the organisation (please, put X in the box as appropriate)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | - A registered and independent national organisation of deafblind people. |
| <input type="checkbox"/> | - A registered and independent regional organisation of deafblind people. |
| <input type="checkbox"/> | - An organisation of the deafblind affiliated to an organisation of either blind people or deaf people. |
| <input type="checkbox"/> | - An organisation of the deafblind that is attached to another type of organisation or institute. |
| <input type="checkbox"/> | - A registered and independent organisation of either blind people or deaf people. |
| <input type="checkbox"/> | - A registered organisation for deafblind persons, but not of deafblind persons |
| <input type="checkbox"/> | - Other type of organisation that doesn't consist OF deafblind persons: |

Contact details of the president/chairman of the organisation

Name:

E-mail address:

Is the president/chairman deafblind? (please, put X in the box as appropriate)

- | | |
|--------------------------|-----|
| <input type="checkbox"/> | YES |
| <input type="checkbox"/> | NO |

If there is a Section/Committee/Club of the deafblind within the organisation, please, give contact details of the responsible person.

Name:

President Sanja Tarczay

Position in the organisation:

E-mail address:

Is the responsible person deafblind? (please, put X in the box as appropriate)

| | |
|--------------------------|-----|
| <input type="checkbox"/> | YES |
| <input type="checkbox"/> | NO |

Why does the organisation wish to join WFDB as a national/associate/sponsoring member? (please, explain briefly)

Attach statutes of the organisation to the application form, please.

With my signature,

- I declare that all of the above data is truthful and corresponds to reality.
- I agree to allow the World Federation of the Deafblind (WFDB) to store and use the above data in order to register and contact the individual/ organisation.
- I consent to receive any information and news from the WFDB.
- I also consent that WFDB will add the organisation to the list of the members and publish on the WFDB website (*www.wfdb.eu*) with the main contact data of the organisation.

| | | |
|---------------------------|-------------|------------------|
| _____ | _____ | _____ |
| <i>Place and date</i> | <i>Name</i> | <i>Signature</i> |

Signature of the two witnesses

Witness 1

| | |
|-------------|------------------|
| _____ | _____ |
| <i>Name</i> | <i>Signature</i> |

Witness 2

| | |
|-------------|------------------|
| _____ | _____ |
| <i>Name</i> | <i>Signature</i> |

*Please, send the signed application form in PDF format to membership@wfdb.eu .
Please, report any changes to us in the future. Thank you.*

WFDB contact

*President: Sanja Tarczay,
Address: Rue de l'Industrie 10, 1000, Brussels, Belgium
Contact: president@wfdb.eu*