# Member Identification Card Application Form

Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Name on card:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Address where card is to be sent:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCLUDE PASSPORT SIZE PHOTO HERE

Date of Birth: (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photograph**

* Attach a photograph showing head and shoulders clearly
* MUST be of passport size = 25mm x 32mm
* Photo must be clear and well lit

**No Payment required**

* FREE of charge

**Form**

* Return forms to Blind Foundation, Private Bag 99941, Newmarket, Auckland 1149.

ATTN: Administration

Your Member Identification Card will last 10 years.

We will keep this form for a maximum of 2 years.