**Western Pennsylvania BOLD**

(Blind Outdoor Leisure Development)

Membership application. Must be 18 to join.

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| Name |  |
| Mailing address |  |
| Phone number |  |
| Email address |  |
| Birth date |  |
| Are you blind, vision impaired, or sighted? | Blind  Vision Impaired  Sighted |
| Which newsletter format do you prefer? | Email  Braille  Regular print  Large print |
| Do you want your phone number listed in our membership list? |  |
| Do you want your email address listed in our membership list? |  |
| Can you drive and are you willing to provide rides to activities? |  |
| For the next set of check boxes, check if you are interested in participating in that activity. | Hiking  Swimming  Downhill skiing  Cross-country skiing  Water skiing  Ice skating  Rowing or canoeing  Tandem biking  Cultural events |
| If you can teach any of the above activities, please comment. |  |
| List medical disabilities or other conditions that BOLD should be aware of. |  |
| Annual Dues = $12. To start receiving the BOLD monthly newsletter of activities BOLD Ventures, please send a check payable to "W. PA BOLD" to: W. PA BOLD, Box 9101 Pittsburgh PA 15224. | |
| Signature and Date |  |