**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 |       |