



Visual Aid Volunteers of Florida, Inc.
"Dedication Makes the Difference"

MEMBERSHIP

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

E-MAIL _____

MEMBERSHIP OPTIONS:

___ Regular Membership \$25.00/year

___ Institutional Membership for Prison Braille Programs \$40.00/year

Scholarship Donation: \$ _____

Please print, complete, and mail this with your check made payable to VAVF to:

Holly Cleveland, VAVF Treasurer
c/o Temple Sisterhood Braille Group
8727 San Jose Blvd.
Jacksonville, FL 32217

Membership dues are for the calendar year January 1-December 31, 2024.