



RANDOLPH - SHEPPARD VENDORS OF AMERICA

MEMBERSHIP APPLICATION



YEAR FIRST JOINED ___ / ___ / ___ NEW MEMBER RENEWAL

HOME

First Name: _____ Last Name _____

Address _____

City _____ State _____

Zip Code _____ Phone _____

Fax _____ E-mail _____

BUSINESS

Business Name _____

Work Address _____

Work City _____ Work State _____

Work Zip Code _____ Work Phone _____

Cellular _____ Beeper _____

MEMBERSHIP

(Please Check One)

- Regular Member;** Dues \$10.00 Any legally blind person who manages or is an employee in a facility.
- Associate Member;** Dues \$10.00 Any interested person, business or organization wishing to support the aims and goals of R.S.V.A.
- Life Member;** Free, retired, 5yr. member nominated by state affiliate. Or any member in good standing wishing to become a Life member for a one time donation of \$1000.00
- Corporate Member;** Any business or organization wishing to support the goals of R.S.V.A. Please contact the national office for details

(OVER)



MEMBER PROFILE



Vendor

Spouse

Administrator

Employee

Other _____

Blind

Partial

Sighted

VENDORSCOPE

Large Print

Duplicate (Do not send)

Cassette

E-mail

BRAILLE FORUM

Large Print

Cassette

Braille

Disk

DONATIONS

Randolph - Sheppard Vendors of America \$ _____

Durward K. McDaniel Memorial Fund \$ _____

A legacy of legal support

SIGNATURE _____ DATE ____/____/____

Dues are due January 1st, delinquent March 1st of each year.

Please mail this form and your check made out to :

R.S.V.A.

Kim Venable, Treasurer

1808 Faith Place Suite B

Terrytown, LA 70056-4104

Phone 1-504-368-7785

Fax 1-504-368-7739

1-800-467-5299

E-mail rsva@juno.com

(OVER)