

OBAC



ORGANISATION OF BLIND AFRICAN CARIBBEANS

MEMBERSHIP FORM

NAME:

ADDRESS:

POSTCODE:

TELEPHONE :

DATE OF BIRTH:

PLEASE TICK:

I Describes myself as:-

- BLIND
 PARTIALLY SIGHTED

Which group best describes your ethnic origin.

- African
 Caribbean
 Other, specify

I WISH TO BECOME A MEMBER OF YOUR ORGANISATION

I WOULD LIKE TO RECEIVE THE TALKING TAPES

- Yes
 No

SIGNATURE:

DATE:

No fee payable.

Please return this form to

OBAC, 1st Floor Gloucester House,
8 Camberwell New Road, London SE5 ORZ.

Tel: 0207 735 3400. **fax:** 020 8582 8334.

e-mail: orgblindafricanib@ukonline.co.uk

Website: www.obac.org.uk.

Community
Legal Service



**COMMUNITY
FUND**
Lottery money making a difference

