



DeafBlind Association of Connecticut, Inc.

January 2026 to December 2026

Membership

DeafBlind _____ Deaf _____ Others _____

_____ \$20.00 for one year

PRINT (please):

NAME: _____

ADDRESS: _____

VP: _____

EMAIL: _____

TOTAL: _____

Money Order or Check. Payable to: DBAC

MAIL to:

**DeafBlind Association of Connecticut, Inc.
c/o ASD
Mailbox # 24
139 North Main Street
West Hartford, CT 06107**