

COMMUNICATION AND READING OPTIONS

PLEASE CHECK WHICH DESCRIBES YOU BEST:

- DEAF HARD OF HEARING HEARING
- VISUALLY IMPAIRED TUNNEL VISION/NIGHT BLINDNESS
- DEAF-BLIND SIGHTED

FOR ACTIVE MEMBERS (DB IN WA STATE ONLY):

- ASL PSE ENGLISH

CHECK ONE OR MORE WHAT KIND OF INTERPRETER (S) YOU PREFER TO USE:

- PLATFORM INTERPRETER CLOSE-UP INTERPRETER OR IN SMALL GROUP
- TACTILE CLOSE-UP ONE TO ONE (VISUAL)
- TRACK INTERPRETER (HAND ON INTERPRETER'S ARM & FOLLOW SIGNS WITH EYES) ASSISTIVE LISTENING DEVICE (FM SYSTEM)
- LARGE VISUAL DISPLAY
- OTHER: _____.

READING PREFERENCE (S):

***NOTE ONLY ACTIVE/ASSOCIATE MEMBERS IN THE STATE OF WAS MAY RECEIVE A COPY OF MINUTES AS MARKED ON MEMBERSHIP FORMS.**

DO YOU WANT TO GET A COPY OF WSDBC MINUTES?

- YES NO

DO YOU WANT TO GET A COPY OF ONLY THE FLYERS?

- YES NO

- IF YES, CHECK: EMAIL PRINT BRAILLE 1
- LARGE PRINT BRAILLE 2