



RECORDING FOR THE BLIND & DYSLEXIC
20 Roszel Road
Princeton, NJ 08540
Phone (609) 452-0606
www.rfbd.org

Applicants Name: _____

Applicants Member ID#: _____

Certification Statement

I attest to the physical basis of the visual, perceptual or other disability limiting the applicant's ability to effectively use standard print. I also attest to my competency to make this certification.

Name of Certifying Professional: _____

The following information is required in order to process applicant's membership:

Signature _____ Date _____

Title/Professional Specialty: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Country: _____

Daytime Telephone: _____

E-mail: _____

NOTE: All information on this application is considered confidential. RFB&D does not sell to, trade to, or otherwise share member information to any third parties; however, in conjunction with RFB&D's funding programs, aggregate data may be provided to agencies and institutions when needed for verification purposes or to illustrate the extent of services rendered. You may also receive communications regarding RFB&D's product and services, and information on ways you can help RFB&D's mission.

Please return this form to the address above or fax it to: **609-987-8116**
Certifications can also be processed online at: <https://custhub.rfbd.org/certification>