



NATIONAL FEDERATION  
OF THE BLIND  
*Live the life you want.*

## Free White Cane Application

Thank you for your interest in the Free White Cane Program. Please complete all fields on this application. An email address is not required. Incomplete forms cannot be processed.

Name:

Address:

City:

State:

Zip Code:

Phone  
Number:

Email:

Birth Month:

Birth Day:

Birth Year:

Are you a member of the NFB?

Yes      No

Are you a Braille reader?

Yes      No

For starter canes, measure to your armpit. Seasoned travelers, measure to your chin.

Select cane size:

25	27	29	31	33	35	37	39	41
43	45	47	49	51	53	55	57	59
61	63	65	67	69				

By requesting this white cane, I acknowledge that:

- I am blind or visually impaired.
- This cane is for my personal use.
- It is more than six months since a previous white cane request.

Please sign:

Please mail completed application to:

Free White Cane Program  
National Federation of the Blind  
200 East Wells Street at Jernigan Place  
Baltimore, MD 21230