



**ACCESSIBILITY
PROGRAMS**

TDF Accessibility Membership Application

Name

Street Address

Apt. #

City

State

Zip

Daytime Telephone

Cell Phone

Email Address

Select all categories below that are most applicable to you:

- I am unable to climb stairs for medical reasons.
- I need an aisle seat for medical reasons.
- I can transfer from a wheelchair into an aisle seat.
- I must remain in a wheelchair.
- I am hard of hearing/deaf and would like to attend open captioned performances.
- I am Deaf and would like to attend sign language interpreted performances.
- I have low vision.
- I have low vision and require mailings in large print.
- I am blind.
- I have low vision/am blind and would like to attend audio described performances.
- I must attend with my service animal.
- I am interested in being on the TDF Autism Friendly Performances mailing list.

Please include a photocopy of an official ID or doctor's note which verifies your disability.

NOTE: If you are a caregiver to a person with a physical disability, please join in their name.