Council of Citizens with Low Vision International
CCLVI

2022 Membership Form

Please print information in dark ink.

First and Last Name______________________________________________

Address__________________________________________________________________________

City________________________________ State____ Zip________

Primary Phone _____________________________ Cell ___ Landline___

Email________________________________________ DOB________

Preferred method of contact
___ U.S. Mail
___ Email
___ Phone

Vision Status
___ Sighted (20/20)
___ Vision Impaired (20/70 to 20/200)
___ Legally Blind (20/200 to total blindness)

Membership
___ $15.00 Annual At-large Membership
   ___ New Member
   ___ Renewing Membership
___ $300.00 Life Membership (Contact CCLVI Treasurer for payment options)
Vision Access
Published in February, April, June, August, October, and December
___ Large Print
___ Email
___ Please do not send
Also available on the CCLVI Information, dial 773-572-6315, then 2 or on the CCLVI website at www.cclvi.org

ACB Braille Forum
___ Large Print
___ Email
___ Braille
___ NLS Digital Cartridge
___ I already receive it

Please return this form and your dues(check made out to CCLVI) by February 1st to:

Debbie Persons
CCLVI Treasurer
5401 Southern Pkwy
Louisville, KY  40214-1327