Council of Citizens with Low Vision International

2022 Membership Form

Please print information in dark ink.

First and Last Name_______________________________________

Address__________________________________________________________

City___________________________ State_______ Zip________

Home Phone__________________________

Cell Phone ___________________________

Email________________________________________

DOB_______

Membership

___ $15.00 Annual At-large Membership

___ New Member

___ Renewing Membership

___ $300.00 Life Membership (Contact CCLVI Treasurer for payment options)

Preferred method of contact

___ U.S. Mail

___ Email

___ Phone

Vision Status

___ Sighted (20/20 to 20/70)

___ Vision Impaired (20/70 to 20/200)

___ Legally Blind (20/200 to total blindness)
Vision Access
Published in February, April, June, August, October, and December
___ Large Print
___ Email
___ Please do not send
Also available on 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

Gender
___ Female
___ I identify as a female
___ Male
___ I identify as a male
___ Nonbinary
___ Other_________________
___ I prefer not to answer
Ethnicity
___ Asian
___ Black or African American
___ Hispanic or Latino
___ Middle Eastern or North African
___ Multiracial or Multiethnic
___ Native American or Alaskan Native
___ Hawaiian or other Pacific Islander
___ South Asian
___ White – Anglo – Caucasian
___ Other_________________
___ I prefer not to answer

Please return this form and your dues by February 1st to:

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

If you decide to scan and email this form, please email it to CCLVIMembership@gmail.com