**Council of Citizens with Low Vision International**

**2023 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 CCLVI Annual At-large Membership**

**\_\_\_ New Member**

**\_\_\_ Renewing Member**

**\_\_\_ $300.00 CCLVI Life Membership (Contact CCLVI Treasurer for payment options)**

**Options for California CCLV Members**

**(Please, if you select one of these California CCLV options, phone Zelda Gebhard as soon as possible at (701) 709-0262.)**

**\_\_\_ $25.00 California CCLV Annual Membership**

**\_\_\_ California CCLV New Member**

**\_\_\_ California CCLV Renewing Member**

**\_\_\_ $ 15.00 California CCLV Renewal of CCLVI Life Member**

**Preferred method of contact**

**\_\_\_ U.S. Mailu**

**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**

**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 March 1st to:**

**Debbie Persons, CCLVI Treasurer**

**5401 Southern Pkwy, Louisville, KY 40214-1327**

**If scanned, please email to** [**CCLVIMembership@gmail.com**](mailto:CCLVIMembership@gmail.com)