

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. Mail

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