**Council of Citizens with Low Vision International**

**Membership Form**

***Note: We respect your privacy and will not disclose your personal information without your permission.***

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First and Last Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip**

**Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership**

**\_\_\_ $15.00 Annual At-large Membership**

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

**\_\_\_ Renewing Membership**

**\_\_\_ $75.00 Annual Professional Membership**

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

**Donation (**optional)

**Amount \_\_\_\_\_\_\_\_\_\_**

**Preferred method of contact**

**\_\_\_ U.S. Mail**

**\_\_\_ Email**

**\_\_\_ Phone**

**Vision Status**

**\_\_\_ Sighted**

**\_\_\_ Low Vision/Visually Impaired**

**\_\_\_ Blind**

**Vision Access**

**Published in January, May, August, and November**

**\_\_\_ Large Print**

**\_\_\_ Email**

**Also available on the CCLVI website at** [**www.cclvi.org**](http://www.cclvi.org)

**ACB Braille Forum**

**\_\_\_ Large Print**

**\_\_\_ Email**

**\_\_\_ Braille**

**\_\_\_ NLS Digital Cartridge**

**Date of Birth** (optional)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_MM/YYYY**

**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**

**\_\_\_ I prefer not to answer**

**\_\_\_ Middle Eastern or North African**

**\_\_\_ Multiracial or Multiethnic**

**\_\_\_ Native American or Alaskan Native**

**\_\_\_ Hawaiian or Other Pacific Islander**

**\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ South Asian**

**\_\_\_ White – Anglo – Caucasian**

**Thank you for returning the form and dues by February 1.**