

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

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.