

**Alberta Society for the Visually Impaired (Edmonton)  
Membership Registration**

Please check one:  New membership  Renewal Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check all that apply:

Parent of a child with visual impairment Child's age: \_\_\_\_\_

Other relative of child/person with visual impairment

Person with a visual impairment

Professional (Please specify): \_\_\_\_\_

Other: \_\_\_\_\_

Please register me for \_\_\_\_\_ year(s). I have enclosed \$\_\_\_\_\_ (\$5.00 fee per year for individual or family). Please note: membership year runs March 1<sup>st</sup> to February 28<sup>th</sup> of the following year.

I would like to help out in the following way:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Phoning committee | <input type="checkbox"/> Special event planning | <input type="checkbox"/> Casino volunteer                          |
| <input type="checkbox"/> Sit on executive  | <input type="checkbox"/> Fundraising            | <input type="checkbox"/> Committee work (e.g. bursary, technology) |

I have the following suggestions as topics for general meetings:

\_\_\_\_\_  
\_\_\_\_\_

I would like to see ASVI improve its services by becoming more active in the following areas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail this form & your membership fees (cheque payable to ASVI) to:

Alberta Society for the Visually Impaired  
11007 Jasper Avenue NW, Suite 178  
Edmonton, AB T5K 0K6