

Alberta Society for the Visually Impaired

New Membership or Renewal

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ E-mail address: _____

Please register me for ____ years of membership. I have enclosed my \$5.00 per year membership fee.

I would like to help out in the following way/s:

Phoning committee: _____ Special event planning: _____

Casino volunteer: _____ Sit on the executive _____

Fundraising: _____ Committee work _____
(bursary, equipment)

I have the following suggestions as topics for general meetings:

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

Please mail this form with your membership fee of \$5.00 per year to:

ASVI
12010 Jasper Avenue, Edmonton, AB, T5K 0P3
Phone 780-453-8345

Cheques should be made payable to ASVI