



Membership Registration

Please check one: New membership Renewal Date: _____

Name(s): _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Email: _____

Please check all that apply (for the name listed above):

Parent of a child with visual impairment

Child's name: _____ Age: _____

Month/Year of Birth: _____ / _____

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 1st to February 28th of the following year.

I would also like to make a donation to ASVI in the amount of \$ _____ A tax receipt will be issued for donations of \$20.00 or more (does not include membership fees).

I would like to help out in the following way:

Special event planning Casino volunteer Sit on executive

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
Suite 178, 11007 Jasper Avenue
Edmonton, AB T5K 0K6