



VIEWS

FOR THE VISUALLY IMPAIRED

www.viewson.ca

**ADVOCACY AND SUPPORT FOR
CHILDREN, YOUTH & YOUNG ADULTS
WHO HAVE LOW VISION OR ARE BLIND
& THEIR FAMILIES**

MEMBERSHIP REGISTRATION FORM

Name: _____

Address: _____

Telephone: _____

Email: _____

Please check all that describes you the most:

___ Parent/Caregiver/young adult

Child/young adult's name _____

Birthdate _____

Eye Condition _____

School attending _____

___ Professional, please specify _____

___ Other, please specify _____

___ Interested in VIEWS volunteering opportunities

___ I would like to enclose a donation to support the work of VIEWS (receipts will be sent for donations of \$10 or more, unless otherwise requested)

___ I give my express consent to receive electronic messages and mailed information from VIEWS For The Visually Impaired regarding upcoming events, and any news deemed of interest to our membership. (You may unsubscribe at any time)

Date _____

Membership fee is Free for 2019.

Please Mail to:

IEWS c/o

P.O. Box 298

Oil Springs, ON

N0N 1P0

Web: www.viewson.ca

Email:

contact@viewson.ca

Charitable #

0011928-5872RR0001