

High Country Vision Support Group



Application For Membership

Name : _____ (first) _____ (second)

Address _____ (street)

_____ (street line 2)

_____ (city/state/Zip)

Phone: _____ Email: _____

Cell Phone _____ Date of Birth _____

I am Blind _____ I am Sighted _____ Other _____

I would like bylaws and other communications in

Large Print _____ email _____ text _____ other: _____

Emergency Family Contact? _____

Annual Dues \$10 _____

Signature

Date