



NC-APVI Membership Form

For parents...by parents

www.nc-apvi.org

National Association for Parents of Children with Visual Impairments (NAPVI)

Print form, fill-in, and mail (with your check payable to NAPVI) to:

NAPVI
400 Heathridge Lane
Cary, NC 27513

Renewal of membership in NAPVI is on January 1st of each year.

I am applying for membership as (check one):

- Parent/Guardian (\$40.00/year) *includes local NAPVI chapter membership*
- Agency or Community Group (\$250.00/year)
- Professional (\$50.00/year)

If you need scholarship consideration for your parent/guardian membership, please indicate:

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (home) (____) _____ (work) (____) _____

E-Mail: _____

Fax: _____

Additional information about your child with visual impairment:

Name: _____ Birth date: _____ Gender: _____

Eye condition: _____ Other Disability: _____

Would you be interested in NAPVI materials in Spanish?

_____ Yes _____ No

Enclosed is payment for my dues in the amount of \$ _____

Also enclosed is my tax deductible gift for the Endowment Fund: \$ _____

\$20.00 Grandparent Membership (give address below) \$ _____

Total amount enclosed: \$ _____

Grandparent Membership information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (home) (____) _____ (work) (____) _____

Email: _____

Fax: _____