CANADIAN COUNCIL OF THE BLIND

CCB Membership Form

Chapter: CCB Toronto Visionaries

Date:

Name:

Mailing address:

City:

Province: Ontario

Postal code:

Physical address (if different from mailing address):

Phone:

Extension:

E-mail:

E-mail distribution list

Would you like to receive announcements about upcoming chapter activities and other community information via E-mail?

[ ] Yes

[ ] No

Category

please check the category that best applies to you:

[ ] Blind

[ ] Visually impaired (low vision)

[ ] Sighted

[ ] Honorary

[ ] Associate/volunteer

Language preference:

[ ] English

[ ] French

How did you hear about the CCB Toronto Visionaries?

[ ] Web search (e.g. Google)

[ ] Other community organizations (e.g. CNIB, Balance for The blind)

[ ] Social media (e.g. Facebook, Twitter)

[ ] Friends or relatives

 [ ] Other (Please specify in the box below)

Optional information (for membership demographics):

Member since:

Date of birth: