



VIEWS

viewson.ca

**ADVOCACY AND SUPPORT FOR CHILDREN
WHO ARE BLIND OR HAVE LOW VISION
AND THEIR FAMILIES**

MEMBERSHIP REGISTRATION FORM

To receive our newsletter and become a member of VIEWS, please fill out the form below. Membership fee is \$20.00 per year.

Name: _____

Address: _____

Telephone: _____

Email: _____

Please check all what describes you most:

Child/Young Adult/Parent/Caregiver

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)

Please Mail to:
VIEWS

c/o R. Foley
728 Griffith Street
London, ON
N6K 3A9

Web: www.viewson.ca

Email:
contact@viewson.ca

Charitable #
0011928-5872RR0001