

**NYC-NAPVI**  
**Membership Application**

*(Please print)*

If you would like to join NYC-NAPVI please fill out this form.  
Membership is free for one year, thanks to the generosity of the Lavelle Fund for the Blind

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Visually Impaired Child's Name: \_\_\_\_\_

Visually Impaired Child's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Visually Impaired Child's health Issues: \_\_\_\_\_

Visually Impaired child use of Braille: *Yes No* Child reads large Print: *Yes No*

Visually Impaired Child's Eye Condition: \_\_\_\_\_

\_\_\_\_\_ Gender: *Male Female*

Visually Impaired Child's School: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Names and ages of other children \_\_\_\_\_

May we share your information with other parents in your area? *Yes No*

If available, may we use a photograph of you and/or your child in future publications and on our website? *Yes No*

**Signature** \_\_\_\_\_

*(Form must be signed for release to be in effect)*

*Have questions or need more information? Contact us at:*  
**c/o The New York Institute for Special Education • 999 Pelham Parkway • Bronx, NY**  
**10469**  
**Phone: 718-519-7000 ext: 127**