

## Stay in Touch

Email : \_\_\_\_\_

- Would you like to receive our bi-monthly newsletter, *eyeKNOW news*, which is the official publication of the Bluegrass Council of the Blind?

Yes, I would like to receive it.

Check preferred form:

- Audio Cassette
- Large Print
- Email

No, I prefer not to receive it.

- As a member of BCB, you are entitled to receive a free copy of *The Braille Forum* which is the official quarterly publication of the American Council of the Blind.

Yes, I would like to receive it.

Check preferred form:

- Braille     Audio Cassette
- CD-ROM     Large Print
- Podcast     Email

No, I prefer not to receive it.

## Membership

Members are crucial to the development and leadership of the organization. Our members provide guidance and direction for BCB staff and programs. For as little as \$10 per year, you can become a part of the community that is changing lives of the blind and visually impaired. Membership with BCB also includes membership with the American Council of the Blind (ACB). Together, you will be connected with thousands of individuals who provide support and share information about issues related to vision loss.

### BENEFITS

A variety of benefits and services are available for our members:

- Voting privileges at BCB and ACB meetings
- Eligibility to participate on various committees to advance the operation of BCB
- Eligibility to apply for financial assistance to attend conferences and conventions
- Eligibility to be nominated for membership awards
- Wheelchairs will be provided as reimbursement for members who pay for wheelchair transportation to and from BCB events

## About Us

Bluegrass Council of the Blind (BCB) is an affiliate of American Council of the Blind (ACB) which has more than 70 state and special interest affiliates. BCB is the only nonprofit agency in Fayette County exclusively dedicated to the needs of blind and visually impaired adults.

### MISSION STATEMENT

The Mission of Bluegrass Council of the Blind is to provide resources and services to all people affected by a loss of sight; improving lives for all by empowering persons with the loss of vision to continue living independently as productive, contributing members of their community and to educate the public on rights, abilities, and needs of the visually impaired. Services are inclusive of anyone directly or indirectly impacted by the loss of sight.

#### American Council of the Blind



2200 Wilson Blvd.  
Suite 650  
Arlington, VA 22201  
Phone: (800) 424-8666  
Fax: (703) 465-5085  
Website: www.acb.org

## Membership

# Bluegrass Council of the Blind



**Serving People  
Affected by Vision Loss**

**Bluegrass Council of the Blind, Inc.**  
1093 South Broadway  
Suite 1230  
Lexington, KY 40504

## 859-259-1834

**info@bcbky.org**  
**www.bcbky.org**

# Application for Membership

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Male/Female  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Race:  Caucasian  African American  Hispanic  Other \_\_\_\_\_  
Number of people in household: \_\_\_\_\_  
Combined Household Income:  \$0 - \$11,770  \$11,771 - \$15,930  \$15,931 - \$20,090  
 \$20,091 - 24,250  \$24,251 - \$37,600  \$37,601 - 48,350  \$48,351 or more  
*All information collected is kept confidential and not shared with anyone.  
This information will be used for grant writing and other statistical purposes only.*

Please check if you are:  Blind  Vision Impaired  Normal vision  
Diagnosis \_\_\_\_\_ Visual Acuity \_\_\_\_\_ (i.e. 20/200)  
Ophthalmologist or Optometrist \_\_\_\_\_  
Company \_\_\_\_\_ Location \_\_\_\_\_

BCB is a small nonprofit, with a small staff. We depend on volunteers to help us provide our services and assist in fundraising. Please check all areas you're interested in:

- Committees:  Membership  Finance  Bylaws  Nominating
- Other opportunities:  Fundraising  Marketing  Office assistance  Events  
 Board member  Other \_\_\_\_\_

Membership Levels: (please choose from the following)

\$10-\$49 *Contributor*  \$150-\$229 *Guide*  
 \$50-\$149 *Leader*  \$300 and up *Visionary*

Membership Category: (please select one of the following)

Voting Member (participates in BCB activities and decision making)  
 Supporting Member (supports BCB programs and services, non-voting membership)

## Payment Options

- Check (payable to Bluegrass Council of the Blind)  
 Cash  
 Credit Card

Please return form and  
payment to  
Bluegrass Council of the Blind  
1093 S. Broadway Ste. 1230  
Lexington, KY 40504

Please bill my card in the amount of: \$ \_\_\_\_\_

- One-time charge  Monthly  Quarterly  Annually

Credit Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_ Credit Card Type \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_