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
- Wheels passes will be provided as reimbursement for members who pay for Wheels transportation to and from BCB events

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.
  - No, I prefer not to receive it.

- Check preferred form:
  - Audio Cassette
  - Large Print
  - Email

- 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.
  - No, I prefer not to receive it.

  - Check preferred form:
    - Braille
    - Audio Cassette
    - CD-ROM
    - Large Print
    - Podcast
    - Email

### 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.

**Serving People Affected by Vision Loss**

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

859-259-1834
info@bcbkky.org
www.bcbkky.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 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 ______

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