



Low Vision Resource Center

A Texas Non-Profit Corporation

Low Vision Club Application

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ E-Mail Address: _____

How did you hear about the Low Vision Club? _____

What is your eye disease or condition? _____

What is your birth date? _____ (Information used for grant applications.)

Are you a veteran? Yes No

Are you a member of Owl Radio? Yes No

Would you like information about Owl Radio? Yes No

Other comments or information? _____

Mail completed application to:

Cindy Garcia
Low Vision Resource Center
1250 NE Loop 410, Suite 525
San Antonio, TX 78209-1549

Questions?

210-829-4223