



Low Vision Resource Center

A Texas Non-Profit Corporation

LOW VISION CLUB APPLICATION

Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Work) _____ (Cell) _____

How did you hear about the Low Vision Club? _____

What is your eye disease/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/information? _____

Mail completed application to:

Low Vision Resource Center
11510 Sandman Drive
San Antonio, TX 78216

210.829.4223
11510 Sandman Drive
San Antonio, Texas 78216