

Membership Application

On reverse side

Incorporated in 2006, NYVRA is a charitable 501(c) 4 social welfare organization. Donations are not tax deductible but are welcomed.

www.nyvra.org

For More Information,
Contact

NYVRA President

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2017 BOARD MEMBERS (volunteers)

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and Visually Impaired
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Westchester ACB

John Kelly, Secretary
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Visually Impaired
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Association for Vision Rehabilitation and
Employment
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Tammy Owen – Olmsted Center For Sight
Lori Schaff – American Council of the Blind of New York, Inc.
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INDIVIDUAL MEMBERS

Clara Berg, John Heimerdinger, Phil Jessen, Elga Joffee, Reinhard
Mabry, Nancy D. Miller, John Kelly, Dona Sauerburger

NYVRA

New York Vision Rehabilitation Association

Purpose

- Support New York State licensure of vision impairment specialists and grow orientation and mobility and vision rehabilitation therapy professions
- Establish rates of reimbursement sufficient to provide quality services
- Support adequate funding to serve people of all ages with vision loss and multiple disabilities throughout NYS
- Create a shared agenda between providers, advocates and consumers
- Promote policies supporting choice and independence for people of all ages with vision loss
- Promote full employment and jobs in the NYS preferred source program
- Educate the public regarding the abilities and needs of people of all ages with vision loss and their families and caregivers

NYVRA Membership Application

Name: _____

Affiliation: _____

(if applicable) _____

Address: _____

City: _____

State/Zip: _____

Work: (____) _____

Cell: (____) _____

Email: _____

I agree that by signing below I am a supporter of NYVRA and its objectives.

Print
Name: _____

Signature: _____

Date: _____

Dues Enclosed \$ _____
(See membership dues flyer)

Donation \$ _____

Donations to NYVRA are not tax deductible. Membership is reported to the NYS Joint Commission on Public Ethics.