LVRC
LOW VISION RESOURCE CENTER
Hope… Help… Independence

HOME OF OWL RADIO — Reading for those who cannot see

Questions? Call 210.829.4223 *Revised 11/2025*

Low Vision Club Application

Name: _____

Address: _____ Apt. __

City: _____ State: _____

Zip Code: _____

Telephone: _____ ; Additional phone: _____

Email Address: _____

How did you hear about the Low Vision Club? _____

What is your eye disease or condition?

_____ Your

Date of Birth ___/___/_____ (info is used for grant purposes)

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?

_____

SUBMIT FORM **PRINT** **SAVE FORM**

1. To email completed form first download blank form to your desktop, then fill out the form and hit the submit button to send to Low Vision. If the submit button doesn't work send to owlradioguy@gmail.com as an attachment

2. or print the form and send to Low Vision Resource Ctr. 1250 NE Loop 410, Suite 800, San Antonio, TX 78209-153, attn: Jeff Chandler