

**INTERNATIONAL COUNCIL FOR EDUCATION OF**

**PEOPLE WITH VISUAL IMPAIRMENT**

## Organisational Membership Form

1. Name and Address of the organization

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Tel.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name and Title of the Contact Person of the Organization

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1. Subscription (Check one)

Organization’s annual budget Rate of subscription

* Less than 1 million US dollars - US $ 200 per annum
* 1 to 5 million US dollars - US $ 750 per annum
* More than 5 million US dollars - US $ 1500 per annum

Date: Signature of the Head of the Organisation

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You may send your Organization’s annual subscription payment to:

1. The HSBC Bank directly where ICEVI accounts are maintained.

The Bank details are as follows:

**Account Name : I.C.E.V.I.**

**US Dollar Account No. : 67373250, Sort Code: 400515, Swift Code:** MIDLGB22

IBAN : GB12 MIDL 4005 1567 3732 50

**Address of the Bank : HSBC, 31, Euston Road, London MW1 2ST**

**Telephone Number : 08457-606060**

*(Please inform the Treasurer when payment is made by you through bank transfer so that the official receipt can be sent.)*

b. Send a Cheque drawn in favour of “ICEVI” to the Treasurer

Praveena Sukhraj-Ely, Treasurer, ICEVI, Advocate, The Children’s Disability Training Centre, CMI Building, 13A Joubert Street, Park Town, Johannesburg, SOUTH AFRICA. Email: <treasurer.icevi@gmail.com>

**c.** **Send a Cheque to the Regional President of ICEVI in your region**

For more details of the account of the region, please contact the regional chair concerned. The full addresses may be accessed from the ICEVI website [**www.icevi.org**](http://www.icevi.org)