

**Association for Education and Rehabilitation of the Blind and Visually Impaired**

**Individual Membership Form**

1. **Select one:** q New Membership q Renewal Member ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City/State/Zip Code/Country |  |
| Telephone |  |
| Email |  |
| Organization |  | Primary Occupation |  |

1. **Membership Types**

|  |  |  |
| --- | --- | --- |
|  | **Fee** | **Select** |
| **Regular Member** (U.S. Resident) | $175 | q |
| **Same Residential Household Member**  | $148 | q |
| **International Member** (Residing Outside the U.S.) | $175 | q |
| **Retired Member**  | $98 | q |
| **Support/Clerical Member** (Non-Direct Services) | $98 | q |
| **Student Member \*** (Limited to 6 Cumulative Years) | $98 | q |
| **Transition Member** (Graduated College within the Past 12 Months) Graduation Date  | $144 | q |
| **Associate Member** (Person Not Working in Related Field) | $98 | q |

 **\*Complete the following if applying for a Student Membership:**

University/College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Name & Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Select Your Division(s)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Up to 3 FREE Divisions Are Included** | **Select** | **Fee(Three are Free!)** |  | **Up to 3 FREE Divisions Are Included** | **Select** | **Fee(Three are Free!)** |
| Administration | q | $10 |  | Education Curriculum | q | $10 |
| Rehabilitation Counseling & Employment | q | $10 |  | Vision Rehabilitation Therapy | q | $10 |
| Multiple Disabilities & Deafblind | q | $10 |  | Division on Aging | q | $10 |
| Psychosocial Services | q | $10 |  | Itinerant Personnel | q | $10 |
| Access & Technology | q | $10 |  | Personnel Preparation | q | $10 |
| Low Vision Rehabilitation | q | $10 |  | International Services & Global Issues | q | $10 |
| Infant & Preschool | q | $10 |  | Physical Activity & Recreation | q | $10 |
| Orientation & Mobility | q | $10 |  | Neurological Visual Impairment | q | $10 |

1. **Total Due**

|  |  |
| --- | --- |
| AER Membership Dues | $\_\_\_\_\_\_\_\_\_\_  |
| AER Division Dues (Additional divisions over 3 are charged at the dues listed) | $\_\_\_\_\_\_\_\_\_\_ |
| AER Chapter Membership  |  Included  |
| Donate to AER | $\_\_\_\_\_\_\_\_\_\_ |
| TOTAL DUE | $\_\_\_\_\_\_\_\_\_\_ |

1. **Payment**

|  |
| --- |
| q Check made payable to AER for $\_\_\_\_\_\_\_\_ USD |
| q Please charge $\_\_\_\_\_\_\_\_ USD on: qVisa qMasterCard qAMEX qDiscover |
| Card Number |  |
| Security Code (3 digit) |  |
| Expiration Date |  |
| Signature |  |

**Mail, Phone or Email to:**

Association for Education and Rehabilitation of the Blind and Visually Impaired (AER)

5680 King Centre Drive, Suite 600, Alexandria, VA 22315

Telephone: 703-671-4500 / Email: memberservices@aerbvi.org / Website: [www.aerbvi.org](http://www.aerbvi.org)