



Association for Education and Rehabilitation of the Blind and Visually Impaired

1703 N. Beauregard St., Suite 440 • Alexandria, VA 22311-1744 USA
(703) 671-4500 • Fax (703) 671-6391 • aer@aerbvi.org • www.aerbvi.org

Membership Renewal / Other Payments

To renew, complete this form and mail with your check to: AER Membership Renewal at above address. If paying by credit card, pay online at www.aerbvi.org, or fax to (703) 671-6391, or call (703) 671-4500.

Member type Dues (Funds shown in U.S. dollars)

- Regular/International \$175.00
- Quarterly Payments* \$ 45.00
- Same Residential Household \$148.00
- Retired \$ 98.00
- Support/Clerical \$ 98.00
- Student - ****Fill in information Below** \$ 98.00
- Transition \$144.00
- Associate \$ 98.00
- Organization \$605.00-\$755.00

Division Dues (Join up to three divisions at no add'l fee.)

- Administration \$ 10.00
- Rehabilitation Counseling & Employment \$ 10.00
- Multiple Disabilities & Deafblind \$ 10.00
- Psychosocial Services \$ 10.00
- Information & Technology \$ 10.00
- Low Vision Rehabilitation \$ 10.00
- Infant & Preschool \$ 10.00
- Orientation & Mobility \$ 10.00
- Education Curriculum \$ 10.00
- Vision Rehabilitation Therapy \$ 10.00
- Division on Aging \$ 10.00
- Itinerant Personnel \$ 10.00
- Personnel Preparation \$ 15.00
- International Services & Global Issues \$ 10.00
- Physical Activity & Recreation \$ 10.00
- Neurological Visual Impairment \$ 10.00

Total for my membership (Dues + Div.) \$ _____

- Other _____ \$ _____
- Job Exchange Member or Non Member \$49 or \$149

Student Member: Limited to 6 cumulative years.

- University/College attending _____
- Expected graduation date _____ Degree Program _____
- Advisor Name _____ Advisor Email for Confirmation _____

***A quarterly payment option for a one-year membership is available to Regular and International Members by calling the office during regular business hours.**

- Check enclosed made payable to AER for \$ _____ (Funds in U.S. dollars for checks and charges)
- Charge: Visa \$ _____ MasterCard \$ _____ Discover \$ _____ American Express \$ _____

Card Number _____ **Exp. Date** _____ **CSC Code** _____

Cardholder Name (please print) _____

Cardholder Address _____

Signature _____

Date _____
Member ID _____

Name _____

Organization _____

Primary Occupation _____
<i>Preferred address below is Work <input type="checkbox"/> Home <input type="checkbox"/></i>

Address _____

City, State/Province _____

Zip/Postal Code/Country _____

Phone _____

Fax _____

E-mail _____

Web site _____