



**Association for Education and Rehabilitation of the
Blind and Visually Impaired (AER)
Corporate Membership Form**

I. **Select one:** New Membership Renewal Member ID _____

II. Contact Information

Date		
Company/Organization Name		
Address		
City/State/Postal Code, Country		
Primary Contact Person		
Telephone	Fax	
Email	Website	

III. Type of Company/Organization (Select One):

<input type="checkbox"/> Assistive Technology Company	<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Private Non-Profit Agency
<input type="checkbox"/> Public School System	<input type="checkbox"/> School for the Blind	<input type="checkbox"/> State/Provincial Agency
<input type="checkbox"/> University/College	<input type="checkbox"/> U.S. Veterans Administration	<input type="checkbox"/> Other (_____)

IV. Type of Company/Organization (Select One):

Select Your Member Level	Dues	Select One
State School for the Blind	\$630	<input type="checkbox"/>
State/Provincial/Federal Agency for the Blind	\$630	<input type="checkbox"/>
Less than \$700,000 Annual Operating Budget	\$605	<input type="checkbox"/>
\$700,000-\$1,500,000 Annual Operating Budget	\$630	<input type="checkbox"/>
\$1,500,001-\$3,000,000 Annual Operating Budget	\$655	<input type="checkbox"/>
\$3,000,001-\$5,000,000 Annual Operating Budget	\$705	<input type="checkbox"/>
More than \$5,000,000 Annual Operating Budget	\$755	<input type="checkbox"/>

V. Select Division(s) Type

Up to 3 Free Divisions Are Included With Your AER Membership	Dues	Any Additional Divisions Over 3 Are Charged At The Dues Listed
Administration	\$10	<input type="checkbox"/>
Rehabilitation Counseling & Employment	\$10	<input type="checkbox"/>
Multiple Disabilities & Deafblind	\$10	<input type="checkbox"/>
Psychosocial Services	\$10	<input type="checkbox"/>
Information & Technology	\$10	<input type="checkbox"/>
Low Vision Rehabilitation	\$10	<input type="checkbox"/>
Infant & Preschool	\$10	<input type="checkbox"/>
Orientation & Mobility	\$10	<input type="checkbox"/>
Education Curriculum	\$10	<input type="checkbox"/>
Vision Rehabilitation Therapy	\$10	<input type="checkbox"/>
Division on Aging	\$10	<input type="checkbox"/>
Itinerant Personnel	\$10	<input type="checkbox"/>
Personnel Preparation	\$15	<input type="checkbox"/>
International Services & Global Issues	\$10	<input type="checkbox"/>
Physical Activity & Recreation	\$10	<input type="checkbox"/>
Neurological Visual Impairment	\$10	<input type="checkbox"/>

VI. Total Due

AER Membership Dues	\$ _____
AER Division Dues (Additional divisions over 3 are charged at the dues listed)	\$ _____
AER Chapter Membership	<u>Included</u>
TOTAL DUE	\$ _____

VII. Payment

<input type="checkbox"/> Check made payable to AER for \$ _____ USD	
<input type="checkbox"/> Please charge \$ _____ USD on: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
Card Number	
Expiration Date	CSV Number
Name on Card	
Billing Address	
Signature	

Mail check payment to:

Association for Education and Rehabilitation of the Blind and Visually Impaired (AER)
 1703 N. Beauregard Street, Suite 440
 Alexandria, VA 22311

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 Telephone: 703-671-5874
 Email: memberservices@aerbvi.org
 On-line: www.aerbvi.org