



**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"/>



Corporate Membership Form
Page 2

VI. Total Due

Table with 2 columns: Description and Amount. Rows include AER Membership Dues, AER Division Dues, AER Chapter Membership (Included), Donate to AER, and TOTAL DUE.

VII. Payment

Payment options form including checkboxes for check or card payment, and fields for card details (Card Number, Expiration Date, CSV Number, Name on Card, Billing Address, 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: 703-671-5874
Email: memberservices@aerbvi.org
Website: www.aerbvi.org