



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

I. Select one: New Membership Renewal Member ID _____

II. Contact Information

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

III. Membership Types

	Fee	Select
Regular Member (U.S. or Canadian Resident)	\$175	<input type="checkbox"/>
Same Residential Household Member Name of the AER Member Residing in the Same Household: _____	\$148	<input type="checkbox"/>
International Member (Residing Outside the U.S. or Canada)	\$175	<input type="checkbox"/>
Retired Member	\$98	<input type="checkbox"/>
Support/Clerical Member (Non-Direct Services)	\$98	<input type="checkbox"/>
Student Member * (Limited to 6 Cumulative Years)	\$98	<input type="checkbox"/>
Transition Member (Graduated College within the Past 12 Months) Graduation Date _____	\$144	<input type="checkbox"/>
Associate Member (Person Not Working in Related Field)	\$98	<input type="checkbox"/>

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

University/College: _____ Expected Graduation Date: _____
Degree Program: _____ Advisor Name and Email: _____

IV. Division(s)

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



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V. Total Due

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

VI. 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, 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