



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

**Canadian Individual Membership Form**

**I. Select one:**  New Membership  Renewal Member ID \_\_\_\_\_

**II. Contact Information**

Name		
Address		
Municipality, Province, Postal Code		
Telephone	Fax	
Email		
Organization	Primary Occupation	

**III. Membership Types**

	<b>Fee</b>	<b>Select</b>
<b>Regular Member</b>	\$150	<input type="checkbox"/>
<b>Same Residential Household Member</b> (Name of the AER Member in the Same Household: _____)	\$123	<input type="checkbox"/>
<b>Retired Member</b>	\$73	<input type="checkbox"/>
<b>Support/Clerical Member</b> (Non-Direct Services)	\$73	<input type="checkbox"/>
<b>Student Member *</b> (Limited to 6 Cumulative Years)	\$73	<input type="checkbox"/>
<b>Transition Member</b> (Graduated within the Past 12 Months) Graduation Date _____	\$119	<input type="checkbox"/>
<b>Associate Member</b> (Person Not Working in Related Field)	\$73	<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)**

<b>Up to 3 FREE Divisions Are Included with Your AER Membership</b>	<b>Select</b>	<b>Fee</b>
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"/>	\$10
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

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

VI. Payment

Payment form with checkboxes for check or card payment, and fields for card details, name, address, and 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 USA

Telephone: 1-703-671-5875
Email: memberservices@aerbvi.org
Website: www.aerbvi.org