



Association for Education and Rehabilitation of the Blind and Visually Impaired

Corporate Membership Form

Select one: New Membership Renewal Member ID _____

Contact Information

Company Name	
Address	
City/State/Zip Code/Country	
Primary Contact Person	
Telephone	
Email	

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 (_____)

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"/>

Select Your Division(s)

Up to 3 FREE Divisions Are Included	Select	Fee (Three are Free!)
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

Up to 3 FREE Divisions Are Included	Select	Fee (Three are Free!)
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

Total Due

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

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	
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: 703-671-4500 / Email: memberservices@aerbvi.org / Website: www.aerbvi.org