



Association for Education and Rehabilitation of the Blind and Visually Impaired Individual Membership Form

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

II. Contact Information

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

III. Membership Types

	Fee	Select
Regular Member (U.S. Resident)	\$175	<input type="checkbox"/>
Same Residential Household Member	\$148	<input type="checkbox"/>
International Member (Residing Outside the U.S.)	\$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: _____ Degree Program: _____ Advisor Name & Email: _____

IV. 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

V. 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	\$ _____

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	
Signature	

Mail, Phone or Email to:

Association for Education and Rehabilitation of the Blind and Visually Impaired (AER)
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Telephone: 703-671-4500 / Email: memberservices@aerbvi.org / Website: www.aerbvi.org