



# Association for Education and Rehabilitation of the Blind and Visually Impaired Canadian 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
<b>Regular Member</b> (Canadian Resident)	\$150	<input type="checkbox"/>
<b>Same Residential Household Member</b> (Canadian Resident)	\$123	<input type="checkbox"/>
<b>Retired Member</b> (Canadian Resident)	\$73	<input type="checkbox"/>
<b>Support/Clerical Member</b> (Canadian Resident) (Non-Direct Services)	\$73	<input type="checkbox"/>
<b>Student Member *</b> (Canadian Resident) (Limited to 6 Cumulative Years)	\$119	<input type="checkbox"/>
<b>Transition Member</b> (Canadian Resident) (Graduated College within the Past 12 Months) Graduation Date	\$73	<input type="checkbox"/>
<b>Associate Member</b> (Canadian Resident) (Person Not Working in Related Field)		

**\*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	_____ <b>Included</b>
Donate to AER	\$ _____
<b>TOTAL DUE</b>	<b>\$ _____</b>

**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)  
5680 King Centre Drive, Suite 600, Alexandria, VA 22315  
Telephone: 703-671-4500 / Email: [memberservices@aerbvi.org](mailto:memberservices@aerbvi.org) / Website: [www.aerbvi.org](http://www.aerbvi.org)