



Association for Education and Rehabilitation of the Blind and Visually Impaired

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AER Individual Membership Application

Thank you for your interest in AER! We look forward to your active membership. To apply, complete the six sections of this form and return it to AER. Your AER membership automatically qualifies you for chapter membership. Division memberships have a modest additional charge. **Membership is for a full year** and is non-transferable.

Application Date _____

1. PERSONAL DATA (Please print. Provide home and/or work info) **Contact Preference** Home Work

Name (___ Mr. ___ Ms. ___ Dr.) _____

Home Mailing Address _____

Home City _____ State/Province _____ Zip + 4/Postal Code _____ Country _____

Home Phone _____ Home E-mail _____

Organization (if applicable): _____ Title: _____

Work Mailing Address _____

Work City _____ State/Province _____ Zip + 4/Postal Code _____ Country _____

Work Phone _____ Work Fax _____ Work Toll-Free _____

Work E-mail _____ Web site _____

Your Primary Occupation _____

2. MEMBERSHIP DATA (Check the appropriate membership category. All funds are in U.S. dollars. NOTE-All membership categories have access to AER listservs. Some divisions require division membership for listserv access.)

_____ **Regular Member** (\$162/year or \$42.00/quarter*) - A full-voting membership open to anyone living in the U.S. or Canada, and includes all AER periodicals. **Quarterly option for online PayPal credit card payment only.***

_____ **International Member** (\$162/year or \$42.00/quarter*) - A voting membership open to persons living outside the U.S. or Canada, and includes all AER periodicals. **Quarterly option for online PayPal credit card payment only.***

_____ **Same Residential Household Member** (\$136/year) - A voting membership open to an additional member residing in the same residential household as a current Regular AER member. The household receives one copy of all AER periodicals. Provide the name of the AER member residing in same household _____

_____ **Retired Member** (\$87/year) - A voting membership for anyone who has retired from a career in the field and includes all AER periodicals.

_____ **Support/Clerical Member** (\$87/year) - A voting membership category for individuals who are working in positions of paraprofessional or clerical support, and includes AER periodicals.

_____ **Student Member** (\$87/year) - A full-voting membership open to students in the U.S. or Canada, and includes all AER periodicals.

- University/College attending _____ Expected graduation date: _____

_____ **Transition Member** (\$132/year) – Upon graduation, current student members are eligible for a one-year Transition Member category, which provides the same member benefits as the Regular Member category.

- Date graduated _____ Provide current member number _____

_____ **Associate Member** (\$87/year) - A non-voting membership category for anyone who is not employed in the field or who is preparing for employment in the field. Includes AER Report only.

LABEL POLICY: AER occasionally rents our mailing list to organizations that provide services or products that may be of interest to members. If you **do not** want your name released, please indicate by checking here _____.

3. PUBLICATIONS (Please select format)

AER members receive two quarterly publications free with their membership. Please indicate the type of format you want for each of these publications.

AER Report (digital publication) ___ E-mail ___ Braille

Insight: Research and Practice in Visual Impairment and Blindness (formerly AER Journal) ___ Print ___ E-mail

4. DIVISION MEMBERSHIP

AER has 13 Divisions that support and represent discipline-specific interests and are open to membership at an additional fee. Visit www.aerbvi.org for more information about Division missions and activities. If you wish to join multiple Divisions, check one or more boxes below and add the fee(s) under Investment Calculation.

- _____ \$10 – Administration
- _____ \$10 – Rehabilitation Counseling, Employment and BEP Service
- _____ \$10 – Multiple Disabilities & Deafblind
- _____ \$10 – Psychosocial Services
- _____ \$10 – Information & Technology
- _____ \$10 – Low Vision Rehabilitation
- _____ \$10 – Infant & Preschool
- _____ \$10 – Orientation & Mobility
- _____ \$10 – Education Curriculum
- _____ \$10 – Vision Rehabilitation Therapy
- _____ \$10 – Division on Aging
- _____ \$10 – Itinerant Personnel
- _____ \$15 – Personnel Preparation

5. CALCULATE YOUR INVESTMENT

AER Membership Dues	\$ _____
Chapter Membership	\$ _____ Free
Total Division Dues	\$ _____
Total Amount Remitted	\$ _____

6. PAYMENT INFORMATION

Enclosed is my check or money order made payable to AER for \$ _____

Please charge _____ VISA _____ or MASTERCARD \$ _____

(Note: Credit card funds will be charged in U.S. dollars)

Card Number _____ Exp. Date _____ CSC Code: _____

Cardholder Name (please print) _____

Cardholder Address _____

Signature _____

If paying by check or money order mail to: AERBVI, P.O. Box 6212, Merrifield, VA 22116-9712 USA.

If paying by credit card fax to: (703) 671-6391, mail to above address, or call (877) 492-2708 or (703) 671-4500.

***Quarterly payment option available for a one-year Regular or International Membership for those paying online at www.aerbvi.org by credit card only via PayPal (call a Member Services Representative for details).**

Please allow 3 to 4 weeks for processing the application. For more AER membership information, call toll-free (877) 492-2708, or (703) 671-4500, visit www.aerbvi.org, or e-mail aer@aerbvi.org.

Mark your Calendars: AER Regional Conferences 2011 – Aug. 12-14, Boston, MA, Featuring AER VRT Division Conference Within a Conference **AND** Oct. 28-30, Cleveland, OH, Featuring AER Information & Technology Division Conference Within a Conference. **AER International Conference 2012** – July 17-22, 2012, Bellevue, WA.

Office use: Date Rec'd. _____ Member ID _____