



Association for Education and Rehabilitation Of the Blind and Visually Impaired

1703 N. Beauregard St., Suite 440 • Alexandria, VA 22311-1744 • (877) 492-2708 • (703) 671-4500 • Fax (703) 671-6391
aer@aerbvi.org • www.aerbvi.org

AER Corporate Membership Application

Thank you for your interest in joining AER as a corporate member! We look forward to your active membership. To apply, complete this form and return it to AER with payment. Your membership automatically qualifies your organization for chapter membership. Division memberships have a modest additional charge. A corporate membership is a non-voting membership and is non-transferable.

1. ORGANIZATION DATA (Please print)

Application Date _____

Organization _____

Type of Organization (Select one)

_____ Government Agency _____ School _____ Association _____ Company _____ Other

Primary Contact Name (_____ Mr. _____ Ms. _____ Dr.) _____

Title _____

Mailing Address _____ Work Home Other

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

Work Phone _____ Fax _____ Toll-Free _____

E-mail _____ Web site _____

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 _____

2. PUBLICATIONS (Please select format)

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

AER Report (quarterly) _____ Print _____ Braille _____ CD (text) _____ E-mail

AER Journal: Research and Practice in Visual Impairment and Blindness (quarterly) _____ Print _____ E-mail

3. FEES

Corporate Membership

\$575 (USD) Annually

Division Membership

Corporate members are welcome to join any of AER's 13 Divisions which support and represent discipline-specific interests. 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 (Div. 1)
- _____ \$10 – Vocational Rehabilitation Counseling & Employment Services (Div. 2)
- _____ \$10 – Multiple Disabilities & Deafblind (Div. 3)
- _____ \$10 – Psychosocial Services (Div. 4)
- _____ \$10 – Information & Technology (Div. 5)
- _____ \$10 – Low Vision (Div. 7)

- _____ \$10 – Infant & Preschool (Div. 8)
- _____ \$10 – Orientation & Mobility (Div. 9)
- _____ \$10 – Education Curriculum (Div. 10)
- _____ \$10 – Vision Rehabilitation Therapy (Div. 11)
- _____ \$10 – Division on Aging (Div. 15)
- _____ \$10 – Itinerant Personnel (Div. 16)
- _____ \$15 – Personnel Preparation (Div. 17)

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

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(over please)

4. CALCULATE YOUR INVESTMENT

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

5. PAYMENT INFORMATION

- Enclosed is a 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 _____

Cardholder Name (please print) _____

Cardholder Address _____

Signature _____

If paying by check or money order: **Mail to: AERBVI, PO Box 6212, Merrifield, Virginia 22116-9712.**
If paying by credit card: **Fax to 703-671-6391**, mail to above address, or call 877-492-2708 or 703-671-4500.

Please allow 3 to 4 weeks for processing the application. For more information about AER call toll-free 877-492-2708, or 703-671-4500, visit the AER Web site at www.aerbvi.org, or send an e-mail to aer@aerbvi.org.

AER International Conference 2010
Mark your calendar for the AER International
Conference, July 20-25, 2010 in Little Rock, Ark. USA