  
**Association for Education and Rehabilitation of the Blind and Visually Impaired**

**Individual Membership Form**

1. **Select one:** q New Membership q Renewal Member ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Contact Information**

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

1. **Membership Types**

|  |  |  |
| --- | --- | --- |
|  | **Fee** | **Select** |
| **Regular Member** (U.S. Resident) | $175 | q |
| **Same Residential Household Member** | $148 | q |
| **International Member** (Residing Outside the U.S.) | $175 | q |
| **Retired Member** | $98 | q |
| **Support/Clerical Member** (Non-Direct Services) | $98 | q |
| **Student Member \*** (Limited to 6 Cumulative Years) | $98 | q |
| **Transition Member** (Graduated College within the Past 12 Months) Graduation Date | $144 | q |
| **Associate Member** (Person Not Working in Related Field) | $98 | q |

**\*Complete the following if applying for a Student Membership:**

University/College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Name & Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Select Your Division(s)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Up to 3 FREE Divisions Are Included** | **Select** | **Fee (Three are Free!)** |  | **Up to 3 FREE Divisions Are Included** | **Select** | **Fee (Three are Free!)** |
| Administration | q | $10 |  | Education Curriculum | q | $10 |
| Rehabilitation Counseling & Employment | q | $10 |  | Vision Rehabilitation Therapy | q | $10 |
| Multiple Disabilities & Deafblind | q | $10 |  | Division on Aging | q | $10 |
| Psychosocial Services | q | $10 |  | Itinerant Personnel | q | $10 |
| Access & Technology | q | $10 |  | Personnel Preparation | q | $10 |
| Low Vision Rehabilitation | q | $10 |  | International Services & Global Issues | q | $10 |
| Infant & Preschool | q | $10 |  | Physical Activity & Recreation | q | $10 |
| Orientation & Mobility | q | $10 |  | Neurological Visual Impairment | q | $10 |

1. **Total Due**

|  |  |
| --- | --- |
| AER Membership Dues | $\_\_\_\_\_\_\_\_\_\_ |
| AER Division Dues (Additional divisions over 3 are charged at the dues listed) | $\_\_\_\_\_\_\_\_\_\_ |
| AER Chapter Membership (Please indicate your chapter selection here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | *Included* |
| Donate to AER | $\_\_\_\_\_\_\_\_\_\_ |
| **TOTAL DUE** | $\_\_\_\_\_\_\_\_\_\_ |

1. **Payment**

|  |  |
| --- | --- |
| q Check made payable to AER for $\_\_\_\_\_\_\_\_ USD | |
| q Please charge $\_\_\_\_\_\_\_\_ USD on: qVisa qMasterCard qAMEX qDiscover | |
| Card Number |  |
| Security Code (3 digit) |  |
| Expiration Date |  |
| Signature |  |

**Mail, Phone, or Email to:**

Association for Education and Rehabilitation of the Blind and Visually Impaired (AER)

PO Box 16288, Lubbock, TX 79490 | Telephone: 703-671-4500 | Email: [memberservices@aerbvi.org](mailto:memberservices@aerbvi.org) | Website: [www.aerbvi.org](http://www.aerbvi.org)

V25-2 03312025