

**AMESVI**

**Association of Massachusetts Educators of Students with Visual Impairments**

**APPLICATION FOR MEMBERSHIP/RENEWAL FORM**

**YEAR 27: July 1, 2024 to Jun 30, 2025**

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMESVI will only use members' personal data (name, address, phone number, email address, etc.) for AMESVI related activities, we will never sell or give it to third parties without your specific permission.

**MEMBERSHIP TYPE: RENEWING Member: Y\_\_ N \_\_**

**Regular: $25.00 Dues:**

1. \_\_\_\_ MA Certified TVI

2. \_\_\_\_ O&M

3. \_\_\_\_ MA Dual Certified (TVI and O&M) students with visual impairments

4. \_\_\_\_ Vision/Rehab Therapist

5. \_\_\_\_ Low Vision Therapist

6. \_\_\_\_ MA Certified Teacher of Deafblind / Multihandicapped

7. \_\_\_\_ University Personnel

8. \_\_\_\_ Retired MA TVI, O&M, VRT, LVT

9. \_\_\_\_ Administrator in the field

**Associate: $15.00 Dues:**

10.\_\_\_\_ Professional in related fields serving students with visual impairments

11.\_\_\_\_ Paraprofessional serving students with visual impairments

12.\_\_\_\_ Out-of-state Certified VI professional

13. \_\_\_\_ University student in the vision field

14. \_\_\_\_ Currently enrolled in UMASS Vision Studies Program

**REGION:** Select the area with which you would like to be affiliated (either where you work or live).

1.\_\_ Northeast 2.\_\_ South Shore/Cape 3.\_\_ Greater Boston 4.\_\_ Western Mass. 5.\_\_ Central Mass.

**EMPLOYMENT:** Select the employment situation that best describes yours.

1.\_\_ Private Contractor 2. \_\_ Public School 3.\_\_ Specialized School 4.\_\_ Agency

5. \_\_Collaborative 6. \_\_ Retired 7.\_\_ University 8.\_\_ Not Employed

**Do you need information in an alternative format?** \_\_Large Print \_\_Braille \_\_Digital File (word doc.)

**\*\*If you are a NEW member and you were referred by an AMESVI member please fill in the member’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DO YOU REQUIRE AN AMESVI MEMBERSHIP CARD? \_\_\_\_ NO \_\_\_ YES

**PAYMENT: Use PAYPAL on the AMESVI website membership page: amesvi.org/Home/membership/**

Or make checks payable to:AMESVI, Please send this completed form and dues payment to:

Joan Pierce, Treasurer, 3 Ellery Road, Waltham, MA  02453

**(OFFICE USE ONLY)**

Date received: \_\_\_\_\_\_\_\_ Amount paid: \_\_\_\_\_\_\_\_ Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_