



International Society for Low-Vision Research & Rehabilitation Membership Form

To become a member of the International Society for Low-Vision Research & Rehabilitation, please complete and return this Membership Form with your payment to:

Mary Lou Jackson, M.D., ISLRR Secretary, 243 Charles Street, Boston, MA 02114

Credit card payments may be faxed to 617-573-4178. Please email questions to: marylou@mljackson.ca. Please do not mail your membership form via certified or registered mail as this will cause delays in membership processing.

MEMBER INFORMATION (PLEASE PRINT CLEARLY OR TYPE)

Name: (Prefix, First Name, Middle Initial, Last Name, Suffix)

Job Title:

Organization:

Address:

City:

State/Province:

Postal/Zip Code:

Country:

Phone:

Fax:

Email (required):

Website:

MEMBERSHIP TYPE

Membership Type	Membership Fee	Select
Regular Membership	\$100.00/3 years	
Student Membership (Individuals enrolled full-time as undergraduates, graduate, optometry students, medical students, allied health professionals at institutions of higher learning who have not earned a doctorate level degree.)	\$15.00/3 years	

PAYMENT INFORMATION

Check, made payable to ISLRR, enclosed. Payment must be made in U.S. funds and drawn on a U.S. bank.

Charge my dues payment to my Credit Card

Visa

MasterCard

Account Number:

Expiration Date:*

(payment cannot be processed without this information)

Name as it appears on the card:

SIGNATURE

I authorize ISLRR to charge the amount noted in the Membership Type section to my credit card.

Signature:

Date: