



ISLRR 2008 MEMBERSHIP FORM

The International Society for Low-vision Research & Rehabilitation

c/o Gregory Goodrich, ISLRR Treasurer

P.O. Box 1481, Union City, CA 94587 USA

www.islrr.org

Please do not mail your membership form via certified or registered mail as this will cause delays in membership processing.

Please note: Year 2007 Membership Dues includes the current volume of the journal *Visual Impairment Research*

Fax:+01 510 489 8909 Membership inquiries to Gary Rubin, ISLRR Secretary +44 (0) 207 608 6989 E-mail to: inquiries@islrr.org

Member Information Please type or print clearly

Preferred Salutation: Dr. Ms. Mr. Prof.

First Name and Middle Initial:

Last (Surname/Family) Name:

Business Information

Job Title:

Organization/Institution:

Street Address:

City:

State/Province/Prefecture:

Postal/Zip/International Code:

Country:

Business Telephone:
(Country Code, City Code, Number)

Fax Number:
(Country Code, City Code, Number)

E-mail:

Web Address:

Academic Degree:

Highest Academic Degree:

University/Year:

Other Professional Affiliations:

Abbreviate designation and included spelled-out versions:

Payment Information Check Enclosed – Check must be for U.S. \$100.00 drawn on a U.S. bank payable to: ISLRR (Add US\$20 bank fee for wire transfer.)

MasterCard Visa

EXPIRATION DATE: _____ (Note: membership cannot be processed without your credit card expiration date.)

Account Number:

Cardholder's Name (as it appears on the card):

Authorized Signature:
