



Association of Vision Rehabilitation Therapists

AVRT Membership/Dues Renewal

Membership Year(s): _____

Name: _____

Home address: _____

City-State-Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Home E-mail: _____

Job Title: _____

Employer: _____

Work Address: _____

City-State-Zip: _____

Work Phone: (____) _____

Fax: (____) _____

Work E-mail: _____

Preferred Format for Materials:

Regular Print Large Print Braille Electronic

Preferred Format for Newsletter:

Electronic-standard print (14 pt.) Electronic-text only

MACRT Directory:

How long have you been a Rehabilitation Teacher (or in the field)? _____

Do you have any special interests or areas of expertise? Please list:

Dues are **\$30.00** annually – January 1 to December 31.

Pay your dues online thru PayPal; go to the website:

<http://www.avrt.org>

Send your check, payable to **MACRT** to:

Susan Dalton, AVRT Treasurer

P.O. Box 676

Marengo, IL 60152

For further information contact: dalton.transvision@gmail.com

Check # _____ Date Received: _____ Email Receipt Sent: _____