



**ESLRR**  
**European Society for Low vision**  
**Research and Rehabilitation**  
c/o. María Begoña Coco Martín PhD  
President  
C/ Fuente los pájaros, N.3, 1º3.  
Arroyo de la Encomienda  
Valladolid. Spain

## Membership Application Form

<b>MEMBER INFORMATION (Fill out and submit online or by mail, per the instructions below)</b>		
<b>Name:</b> (Prefix, First Name, Middle Initial, Last Name, Suffix)		
<b>Job Title:</b>		
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<b>Address:</b>		
<b>City:</b>	<b>State/Province:</b>	<b>Postal/Zip Code:</b>
<b>Country:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Email (required):</b>		<b>Website:</b>
<b>Membership Type</b>	<b>Membership Fee</b>	<b>Select (circle one below)</b>
<b>Regular Membership</b>	50.00 € /2 years	<input type="checkbox"/>
<b>Student Membership</b> (Students enrolled full-time in undergraduate, graduate, optometry, medical, and allied health programs at institutions of higher learning who have not earned a doctorate level degree)	12.00€ /2 years	<input type="checkbox"/> <b>and include dated and signed statement from advisor or registrar's office</b>

**Pay by PayPal (preferred):** Simply **email** this form to [info.eslrr@gmail.com](mailto:info.eslrr@gmail.com) **without** payment, and we will send you a PayPal invoice

**Pay by Check and mail.** Print the completed form. Make check payable to ESLRR. Check must be in Euros drawn on a Euro bank. Mail check and completed form to María Begoña Coco at the address above.