



Membership Form:  New  Renewal-include Membership ID#: \_\_\_\_\_

Name: \_\_\_\_\_ Discipline: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: (please print legibly) \_\_\_\_\_ Phone # \_\_\_\_\_

Confirm Email Address: \_\_\_\_\_

Annual Membership Fees:

Professionals (ie., doctors, therapists, scientists, teachers, psychologists, nurses, occupational therapists, social workers, administrators, rehabilitation staff, etc) .....  \$50.00

Parents, caregivers, students.....  \$25.00

Institutions (ie., hospitals, non-profits, universities, etc).....  \$300.00

Corporations (vendors).....  \$500.00

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Areas of Practice or Interest: (Please check all that apply)

- Rehab. Unit  School (age range: \_\_\_\_\_)  Mental Health
 Nursing Home  Complex Care  Hospice/Palliative Care
 Administration  Developmental Disabilities  Academia
 Private Practice  TBI  Other: \_\_\_\_\_

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How did you hear about the AAMSE?

- Internet  Conference  Colleague  Article  Other : \_\_\_\_\_

- Do you have an MSE:  Yes  No
Was your MSE Designed by you:  Yes  No
Was your MSE Designed by a Vendor:  Yes  No
Have you participated in any Research or Studies:  Yes  No

If yes, please provide the following information to include in our listing of MSE resources:
(This information will not be shared with other groups, web sites or used for commercial purposes
without your specific written permission)

Name of Program/Facility: \_\_\_\_\_

Email or Website Address: \_\_\_\_\_

Location: \_\_\_\_\_  
Street City State Zip

Population(s) Served: \_\_\_\_\_

Contact Person / Telephone Number: \_\_\_\_\_

Thank you for your support. We appreciate and value your membership as we seek to become the "go-to" resource for information and education about Multi Sensory Environments.