



2021-2022 FAMILY/AFFILIATE MEMBERSHIP APPLICATION

P.O. Box 79026, Baltimore, MD 21279-0026
 Phone: 888.232.7733 • Fax: 703.264.9494
 Email: service@exceptionalchildren.org • exceptionalchildren.org

Your Member Information

I am a family/affiliate. If you are a student, professional, retired professional or a paraprofessional, please visit exceptionalchildren.org/applications to find your application.

Member ID (if known):

Membership in CEC automatically includes membership in your state or provincial CEC Unit, where one is available.

Prefix: Mr. Mrs. Ms. Dr.

First Name:

Last Name:

Job Title (required):

School/University/Current Employer (required):

Preferred Mailing Address:

Work Home

Apt/Suite/P.O. Box Number:

City:

State/Province:

Zip/Postal Code:

Country:
(outside USA & Canada, please email service@exceptionalchildren.org)

Phone:

Email Address (required):

I do not wish to receive email communications to stay current on CEC news, legislative updates, events and services.

Primary and Secondary Interests

Please circle ONE P-primary, and all S-secondary interests that apply.

- | | | |
|--|---|--|
| P S Assessment | P S Intellectual Disabilities | P S Communication Disorders |
| P S Autism | P S Learning Disabilities | P S Teacher Preparation |
| P S Cultural and Linguistic Diversity | P S Moderate/Severe Disabilities | P S Technology: Assistive |
| P S Deaf/Hard of Hearing | P S Multiple Disabilities | P S Technology: Instructional |
| P S Developmental Delays | P S Orthopedic Impairment | P S Transition(s) |
| P S Early Childhood | P S Research | P S Traumatic Brain Injury |
| P S Emotional/Behavioral Disorders | P S Response to Intervention | P S Twice Exceptional |
| P S Gifted and Talented | P S Speech/Language/ | P S Visual Impairment or Blindness or DeafBlindness |
| P S International | | |

Demographics

Thank you for completing these sections on your interests and demographics. Providing this information will significantly enhance your member experience and the benefits you receive from CEC.

Professional Role (optional)

- | | | | |
|---|--|---|----------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Consultant | <input type="checkbox"/> Higher Education Faculty | <input type="checkbox"/> Retired |
| <input type="checkbox"/> College/University Student | <input type="checkbox"/> Early Interventionist | <input type="checkbox"/> Paraeducator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Family Member | <input type="checkbox"/> Related Service Provider | |

Employment Setting:

- | | | |
|--|---|---|
| <input type="checkbox"/> Private School/Facility | <input type="checkbox"/> College or University | <input type="checkbox"/> Student - Not Employed |
| <input type="checkbox"/> Public School/Facility | <input type="checkbox"/> Local or State/Province Educational Agency | <input type="checkbox"/> Retired - Not Employed |
| <input type="checkbox"/> Early Learning Program | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Other |

Responsibility

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> General Education | <input type="checkbox"/> Special Education | <input type="checkbox"/> Family/Parent | <input type="checkbox"/> Other |
|--|--|--|--------------------------------|

Age Level served

- | | | |
|--|---|---|
| <input type="checkbox"/> Infants (birth - 2 years) | <input type="checkbox"/> Middle School or Junior High | <input type="checkbox"/> Postsecondary |
| <input type="checkbox"/> Early Childhood (3-5 years) | <input type="checkbox"/> Secondary | <input type="checkbox"/> All age levels |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> School Age (k-12) | <input type="checkbox"/> Other |

Year Bachelor's Degree Received: _____

- Not pursuing a bachelor's degree
- I'd rather not say

Disability:

- Yes No
- I'd rather not say

Year of birth: _____

- I'd rather not say

Ethnicity/Race:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> LatinX or Hispanic or ChicanX or Puerto Rican | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White or European American | <input type="checkbox"/> Multiracial | <input type="checkbox"/> I'd rather not say |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander | | |

Gender

- | | |
|---|---|
| <input type="checkbox"/> Cis Male | <input type="checkbox"/> Transgender Male |
| <input type="checkbox"/> Cis Female | <input type="checkbox"/> Transgender Female |
| <input type="checkbox"/> Gender Queer / Gender Fluid / Gender Non- Conforming | |
| <input type="checkbox"/> Other | <input type="checkbox"/> I'd rather not say |

Sexual Orientation

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gay/Lesbian | <input type="checkbox"/> I'd rather not say |
| <input type="checkbox"/> Bisexual | |

Are/Were you first-generation college bound? Check Yes or No

- Yes I'd rather not say
- No

Your Family/Affiliate Membership Options

Family/Affiliate Member Dues

Premier	<input type="checkbox"/> \$135
Full	<input type="checkbox"/> \$80
Basic	<input type="checkbox"/> \$40

Add One or More Optional Special Interest Divisions

Division Name	Special Interest Division Dues
Complex and Chronic Conditions: The Division for Physical, Health and Multiple Disabilities CCC	<input type="checkbox"/> \$15
Division on Autism and Developmental Disabilities DADD	<input type="checkbox"/> \$30
Division for Visual and Performing Arts Education DARTS	<input type="checkbox"/> \$5
Division for Communication, Language, and Deaf/Hard of Hearing DCD	<input type="checkbox"/> \$20
Division on Career Development and Transition DCDT	<input type="checkbox"/> \$10
Division for Culturally and Linguistically Diverse Exceptional Learners DDEL	<input type="checkbox"/> \$15
Division for Early Childhood DEC	<input type="checkbox"/> \$10
Division of International Special Education and Services DISES	<input type="checkbox"/> \$29
Division for Learning Disabilities DLD	<input type="checkbox"/> \$35
Innovations in Special Education Technology Division ISET	<input type="checkbox"/> \$20
The Association for the Gifted TAG	<input type="checkbox"/> \$30

Payment Summary

Please return complete application and full payment to: CEC, PO Box 79026, Baltimore, MD 21279-0026 | FAX: 703.264.9494 | service@exceptionalchildren.org

CEC Family/Affiliate Member dues \$ _____
 Special Interest Division dues from above \$ _____
Total _____

Method of Payment

Credit Card (in U.S. Funds) VISA Mastercard Discover American Express
 Card # _____ Expiration Date _____ Security Code _____
 Billing Address _____
 Name on Card _____ Signature _____ (required)
 Check # (in U.S. Funds) _____ Purchase Order # _____
(Payable to the Council for Exceptional Children) *(Copy of Purchase Order must be attached)*

Membership in CEC is individual-based and is non-transferable and non-refundable