2021-2022 FAMILY/AFFILIATE
MEMBERSHIP APPLICATION

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

- [ ] Teacher
- [ ] Consultant
- [ ] Higher Education Faculty
- [ ] Retired
- [ ] College/University Student
- [ ] Early Interventionist
- [ ] Paraeducator
- [ ] Other
- [ ] Administrator
- [ ] Family Member
- [ ] Related Service Provider

**Employment Setting:**

- [ ] Private School/Facility
- [ ] College or University
- [ ] Student - Not Employed
- [ ] Public School/Facility
- [ ] Local or State/Province Educational Agency
- [ ] Retired - Not Employed
- [ ] Early Learning Program
- [ ] Non-Profit
- [ ] Other

**Responsibility**

- [ ] General Education
- [ ] Special Education
- [ ] Family/Parent
- [ ] Other

**Age Level served**

- [ ] Infants (birth - 2 years)
- [ ] Middle School or Junior High
- [ ] Postsecondary
- [ ] Early Childhood (3-5 years)
- [ ] Secondary
- [ ] All age levels
- [ ] Elementary
- [ ] School Age (k-12)
- [ ] Other

**Year Bachelor's Degree Received:**

[ ] Not pursuing a bachelor's degree
[ ] Yes
[ ] No
[ ] I'd rather not say

**Disability:**

[ ] Yes
[ ] No
[ ] I'd rather not say

**Year of birth:**

[ ] I'd rather not say

**Ethnicity/Race:**

- [ ] American Indian or Alaskan Native
- [ ] LatínX or Hispanic or ChicanoX or Puerto Rican
- [ ] Middle Eastern or North African
- [ ] Other
- [ ] Asian or Asian American
- [ ] White or European American
- [ ] Multiracial
- [ ] I'd rather not say
- [ ] Black or African American
- [ ] Native Hawaiian or Pacific Islander

**Gender**

- [ ] Cis Male
- [ ] Transgender Male
- [ ] Heterosexual
- [ ] Other
- [ ] Cis Female
- [ ] Transgender Female
- [ ] Gay/Lesbian
- [ ] I'd rather not say
- [ ] Gender Queer / Gender Fluid / Gender Non-Conforming
- [ ] Bisexual
- [ ] I'd rather not say

- [ ] Other

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

[ ] Yes
[ ] I'd rather not say
[ ] No

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### Your Family/Affiliate Membership Options

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Family/Affiliate Member Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier</td>
<td>$135</td>
</tr>
<tr>
<td>Full</td>
<td>$80</td>
</tr>
<tr>
<td>Basic</td>
<td>$40</td>
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</tbody>
</table>

### Add One or More Optional Special Interest Divisions

<table>
<thead>
<tr>
<th>Division Name</th>
<th>Special Interest Division Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complex and Chronic Conditions: The Division for Physical, Heath and Multiple Disabilities</td>
<td>$15</td>
</tr>
<tr>
<td>Division on Autism and Developmental Disabilities</td>
<td>DADD</td>
</tr>
<tr>
<td>Division for Visual and Performing Arts Education</td>
<td>DARTS</td>
</tr>
<tr>
<td>Division for Communication, Language, and Deaf/Hard of Hearing</td>
<td>DCD</td>
</tr>
<tr>
<td>Division on Career Development and Transition</td>
<td>DCDT</td>
</tr>
<tr>
<td>Division for Culturally and Linguistically Diverse Exceptional Learners</td>
<td>DDEL</td>
</tr>
<tr>
<td>Division for Early Childhood</td>
<td>DEC</td>
</tr>
<tr>
<td>Division of International Special Education and Services</td>
<td>DISES</td>
</tr>
<tr>
<td>Division for Learning Disabilities</td>
<td>DLD</td>
</tr>
<tr>
<td>Innovations in Special Education Technology Division</td>
<td>ISET</td>
</tr>
<tr>
<td>The Association for the Gifted</td>
<td>TAG</td>
</tr>
</tbody>
</table>

### Payment Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEC Family/Affiliate Member dues</td>
<td></td>
</tr>
<tr>
<td>Special Interest Division dues from above</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Method of Payment

- Credit Card (in U.S. Funds)  
  - VISA  
  - Mastercard  
  - Discover  
  - American Express

- Discount Code: __________
- Expiration Date: __________
- Security Code: __________

- Card # __________
- Billing Address __________
- Name on Card __________
- Check # (in U.S. Funds) \(\text{Payable to the Council for Exceptional Children}\)
  - (Copy of Purchase Order must be attached)

- Signature ____________________________ (required)

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