2022-2023 EARLY CAREER PROFESSIONAL MEMBERSHIP APPLICATION

Your Member Information

I am an education/special education professional with fewer than 3 years of experience. If you are a student, professional with more than three years experience, retired professional, paraprofessional, or a family/affiliate member, please visit exceptionalchildren.org/applications to find your application.

Member ID (if known):

Prefix:  Mr.  Mrs.  Ms.  Dr.

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

First Name:  Last Name:

Job Title (required):

School/University/Current Employer (required):

Preferred Mailing Address:

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

### 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
- [ ] I'd rather not say
- [ ] 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
- [ ] LatinX or Hispanic or ChicanX 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
## Your Early Career Professional Membership Options

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Early Career Professional Member Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier</td>
<td>$190</td>
</tr>
<tr>
<td>Full</td>
<td>$115</td>
</tr>
<tr>
<td>Basic</td>
<td>$65</td>
</tr>
</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>Council of Administrators of Special Education</td>
<td>CASE</td>
</tr>
<tr>
<td>Complex and Chronic Conditions: The Division for Physical, Heath and Multiple Disabilities</td>
<td>CCC</td>
</tr>
<tr>
<td>Division for Research</td>
<td>CEC-DR</td>
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<tr>
<td>Council for Educational Diagnostic Services</td>
<td>CEDS</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 of Emotional and Behavioral Health</td>
<td>DEBH</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>Division on Visual Impairments and Deafblindness</td>
<td>DVIDB</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>
<tr>
<td>Teacher Education Division</td>
<td>TED</td>
</tr>
</tbody>
</table>

## 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

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>CEC Early Career Professional Member dues</td>
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<tr>
<td>Special Interest Division dues from above</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>$</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)**
  - (Payable to the Council for Exceptional Children)
- **Signature**
- **Purchase Order #**
  - (Copy of Purchase order must be attached)

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