2022-2023 GRADUATE STUDENT
MEMBERSHIP APPLICATION

Your Member Information

☐ I am a graduate student (undergraduate or graduate). I am a student who is currently or has been in the profession and am returning for additional credits/degree(s). For all other applications, please visit exceptionalchildren.org/applications

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/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

Graduate Student Page 1/3
<table>
<thead>
<tr>
<th>Demographics</th>
<th>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.</th>
</tr>
</thead>
</table>

### Professional Role (optional)
- Teacher
- College/University Student
- Administrator
- Consultant
- Early Interventionist
- Family Member
- Higher Education Faculty
- Paraeducator
- Retired
- Other

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

### Age Level served
- Infants (birth - 2 years)
- Early Childhood (3-5 years)
- Elementary
- Middle School or Junior High
- Secondary
- School Age (k-12)
- Postsecondary
- All age levels
- 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:
- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- LatinX or Hispanic or ChicanX or Puerto Rican
- Native Hawaiian or Pacific Islander
- White or European American
- Middle Eastern or North African
- Other
- Multiracial
- I'd rather not say

### Gender
- Cis Male
- Cis Female
- Gender Queer / Gender Fluid / Gender Non-Conforming
- Other
- Transgender Male
- Transgender Female
- I'd rather not say

### Sexual Orientation
- Heterosexual
- Gay/Lesbian
- Bisexual
- Other
- I'd rather not say

### Are/Were you first-generation college bound? Check Yes or No
- Yes
- No
- I'd rather not say
### Your Graduate Student Membership Options

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Graduate Student Member Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier</td>
<td>$160</td>
</tr>
<tr>
<td>Full</td>
<td>$95</td>
</tr>
<tr>
<td>Basic</td>
<td>$55</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>
</tr>
<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

- **CEC Graduate Student Member dues**: $________
- **Special Interest Division dues from above**: $________
- **Total**: $________

### Method of Payment

- **Credit Card (in U.S. Funds)**
  - [ ] VISA
  - [ ] Mastercard
  - [ ] Discover
  - [ ] American Express
- **Discount Code**: __________
- **Expiration Date**: __________
- **Security Code**: __________

- **Billing Address**: __________

- **Name on Card**: __________

- **Check # (in U.S. Funds)**
  - [ ] Purchase Order # __________
    - (Payable to the Council for Exceptional Children)
    - (Copy of Purchase Order must be attached)
    - (required)

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

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