Your Member Information

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

Member ID (if known):

Member 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
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
- [ ] 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
- [ ] Non-Profit
- [ ] Student - Not Employed
- [ ] Retired - Not Employed
- [ ] Other

### Responsibility
- [ ] General Education
- [ ] Special Education
- [ ] Family/Parent
- [ ] 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
- [ ] White or European American
- [ ] Native Hawaiian or Pacific Islander
- [ ] Middle Eastern or North African
- [ ] Multiracial
- [ ] Other
- [ ] 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 Professional Membership Options

<table>
<thead>
<tr>
<th>Division Name</th>
<th>Professional Member Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier</td>
<td>$215</td>
</tr>
<tr>
<td>Full</td>
<td>$135</td>
</tr>
<tr>
<td>Basic</td>
<td>$80</td>
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</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, Health, and Multiple Disabilities</td>
<td>CCC</td>
</tr>
<tr>
<td>Division for Research</td>
<td>CEC-DR</td>
</tr>
<tr>
<td>CEC Pioneers Division</td>
<td>CEC-PD</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>
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<tr>
<td>Teacher Education Division</td>
<td>TED</td>
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</tbody>
</table>

### Payment Summary

<table>
<thead>
<tr>
<th>CEC Professional Member dues</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Interest Division dues</td>
<td>$</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
- Card #: ______________________
- Expiration Date: _____________  Security Code: _____________

**Billing Address**

- Name on Card: ______________________
- Check # (in U.S. Funds) (Payable to the Council for Exceptional Children)
- Signature: ______________________  (required)
- Purchase Order #: ______________________  (Copy of Purchase Order must be attached)

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