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 of experience, retired professional, paraprofessional, or a family/affiliate member, 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/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 Pacifiic 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
- [ ] Transgender Male
- [ ] Transgender Female
- [ ] Other
- [ ] 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
- [ ] I'd rather not say
- [ ] No
# Your Early Career Professional Membership Options

<table>
<thead>
<tr>
<th>Division Name</th>
<th>Special Interest Division Dues</th>
<th>Early Career Professional Member Dues</th>
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</thead>
<tbody>
<tr>
<td>Council of Administrators of Special Education</td>
<td>CASE</td>
<td>$60</td>
</tr>
<tr>
<td>Complex and Chronic Conditions: The Division for Physical, Heath and Multiple Disabilities</td>
<td>CCC</td>
<td>$25</td>
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<tr>
<td>Division for Research</td>
<td>CEC-DR</td>
<td>$35</td>
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<tr>
<td>Council for Educational Diagnostic Services</td>
<td>CEDS</td>
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<tr>
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<td>DCD</td>
<td>$20</td>
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<tr>
<td>Division on Career Development and Transition</td>
<td>DCDT</td>
<td>$35</td>
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<tr>
<td>Division for Culturally and Linguistically Diverse Exceptional Learners</td>
<td>DDEL</td>
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<td>DEBH</td>
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<td>DISES</td>
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<td>DLD</td>
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<td>DVDB</td>
<td>$15</td>
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## Add One or More Optional Special Interest Divisions

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## 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

<table>
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<tr>
<th>Payment Summary</th>
<th>Method of Payment</th>
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<td>CEC Early Career Professional Member dues</td>
<td>$</td>
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<tr>
<td>Special Interest Division dues from above</td>
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</tr>
<tr>
<td>Total</td>
<td>$</td>
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**Method of Payment**

- Credit Card (in U.S. Funds)  
  - VISA  
  - Mastercard  
  - Discover  
  - American Express  
- Discount Code: ____________________________

**Billing Address**

**Name on Card**

**Check # (in U.S. Funds)**

(Payable to the Council for Exceptional Children)

**Signature**

(Please return complete application and full payment)

**Expiration Date**

**Security Code**

(required)

**Purchase Order #**

(Copy of Purchase Order must be attached)

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