2022-2023 PROFESSIONAL MEMBERSHIP APPLICATION

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):

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

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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
- [ ] Other

### 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
- [ ] 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 Professional Membership Options

<table>
<thead>
<tr>
<th>Option</th>
<th>Professional Member Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier</td>
<td>$215</td>
</tr>
<tr>
<td>Full</td>
<td>$135</td>
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<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>Division of Leaders and Legacy</td>
<td>DLL</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>
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<td>The Association for the Gifted</td>
<td>TAG</td>
</tr>
<tr>
<td>Teacher Education Division</td>
<td>TED</td>
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</table>

## Payment Summary

Please return complete application and full payment to: CEC, PO Box 79026, Baltimore, MD 21279-0026  | FAX: 703.264.3494  | service@exceptionalchildren.org

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

**Method of Payment**

- Credit Card (in U.S. Funds) □ VISA □ Mastercard □ Discover □ American Express
- Card #
- Expiration Date  
- Security Code
- Discount Code: □
- (Copy of Purchase Order must be attached)

**Billing Address**

Name on Card

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

(Payable to the Council for Exceptional Children)

**Signature**

(required)

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