FAMILY/AFFILIATE MEMBERSHIP APPLICATION

Your Member Information

☐ I am a family/affiliate. If you are a student, professional with more than three years experience, retired professional or a paraprofessional, 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  Intellectual Disabilities  P  S  Teacher Preparation
P  S  Autism  P  S  Learning Disabilities  P  S  Technology: Assistive
P  S  Cultural and Linguistic Diversity  P  S  Moderate/Severe Disabilities  P  S  Technology: Instructional
P  S  Deaf/Hard of Hearing  P  S  Multiple Disabilities  P  S  Transition(s)
P  S  Developmental Delays  P  S  Orthopedic Impairment  P  S  Traumatic Brain Injury
P  S  Early Childhood  P  S  Research  P  S  Twice Exceptional
P  S  Emotional/Behavioral Disorders  P  S  Response to Intervention  P  S  Visual Impairment or Blindness or DeafBlindness
P  S  Gifted and Talented  P  S  Speech/Language/Communication Disorders
P  S  International
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
- [ ] 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

### 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
- [ ] I'd rather not say

### Are/Were you first-generation college bound? Check Yes or No

- [ ] Yes
- [ ] I'd rather not say
- [ ] No
Your Family/Affiliate Membership Options

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier</td>
<td>$135</td>
</tr>
<tr>
<td>Full</td>
<td>$80</td>
</tr>
<tr>
<td>Basic</td>
<td>$40</td>
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</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>Complex and Chronic Conditions: The Division for Physical, Health and Multiple Disabilities</td>
<td>$15</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 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>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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</tbody>
</table>

Payment Summary

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEC Family/Affiliate Member dues</td>
<td></td>
</tr>
<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: ______________________

- Billing Address: ______________________
- Name on Card: ______________________

- Check # (in U.S. Funds) [ ] (Payable to the Council for Exceptional Children)
- Signature: ______________________
- Purchase Order # [ ] (required)

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