

P.O. Box 79026, Baltimore, MD 21279-0026

Phone: 888.232.7733 • Fax: 703.264.9494

Email: [service@exceptionalchildren.org](mailto:service@exceptionalchildren.org) • [exceptionalchildren.org](http://exceptionalchildren.org)

## 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](http://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](mailto: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)

- |   |  |   |                                  |
|---|--|---|----------------------------------|
| <input type="checkbox"/> Teacher                    | <input type="checkbox"/> Consultant            | <input type="checkbox"/> Higher Education Faculty | <input type="checkbox"/> Retired |
| <input type="checkbox"/> College/University Student | <input type="checkbox"/> Early Interventionist | <input type="checkbox"/> Paraeducator             | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Administrator              | <input type="checkbox"/> Family Member         | <input type="checkbox"/> Related Service Provider |                                  |

### Employment Setting:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Private School/Facility | <input type="checkbox"/> College or University                      | <input type="checkbox"/> Student - Not Employed |
| <input type="checkbox"/> Public School/Facility  | <input type="checkbox"/> Local or State/Province Educational Agency | <input type="checkbox"/> Retired - Not Employed |
| <input type="checkbox"/> Early Learning Program  | <input type="checkbox"/> Non-Profit                                 | <input type="checkbox"/> Other                  |

### Responsibility

- |  |  |  |                                |
|--|--|--|--------------------------------|
| <input type="checkbox"/> General Education | <input type="checkbox"/> Special Education | <input type="checkbox"/> Family/Parent | <input type="checkbox"/> Other |
|--|--|--|--------------------------------|

### Age Level served

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Infants (birth - 2 years)   | <input type="checkbox"/> Middle School or Junior High | <input type="checkbox"/> Postsecondary  |
| <input type="checkbox"/> Early Childhood (3-5 years) | <input type="checkbox"/> Secondary                    | <input type="checkbox"/> All age levels |
| <input type="checkbox"/> Elementary                  | <input type="checkbox"/> School Age (k-12)            | <input type="checkbox"/> 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:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> LatinX or Hispanic or ChicanX or Puerto Rican | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Asian or Asian American           | <input type="checkbox"/> White or European American                    | <input type="checkbox"/> Multiracial                     | <input type="checkbox"/> I'd rather not say |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Native Hawaiian or Pacific Islander           |  |   |

### Gender

- |   |   |
|---|---|
| <input type="checkbox"/> Cis Male   | <input type="checkbox"/> Transgender Male   |
| <input type="checkbox"/> Cis Female   | <input type="checkbox"/> Transgender Female |
| <input type="checkbox"/> Gender Queer / Gender Fluid / Gender Non- Conforming |   |
| <input type="checkbox"/> Other  | <input type="checkbox"/> I'd rather not say |

### Sexual Orientation

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Gay/Lesbian  | <input type="checkbox"/> I'd rather not say |
| <input type="checkbox"/> Bisexual     |   |

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

- Yes  I'd rather not say
- No

## Your Graduate Student Membership Options

### Graduate Student Member Dues

Premier	<input type="checkbox"/> \$160
Full	<input type="checkbox"/> \$95
Basic	<input type="checkbox"/> \$55

## Add One or More Optional Special Interest Divisions

Division Name	Special Interest Division Dues
Council of Administrators of Special Education   CASE	<input type="checkbox"/> \$30
Complex and Chronic Conditions: The Division for Physical, Health and Multiple Disabilities   CCC	<input type="checkbox"/> \$15
Division for Research   CEC-DR	<input type="checkbox"/> \$19
Council for Educational Diagnostic Services   CEDS	<input type="checkbox"/> \$15
Division on Autism and Developmental Disabilities   DADD	<input type="checkbox"/> \$15
Division for Visual and Performing Arts Education   DARTS	<input type="checkbox"/> \$10
Division for Communication, Language, and Deaf/Hard of Hearing   DCD	<input type="checkbox"/> \$15
Division on Career Development and Transition   DCDT	<input type="checkbox"/> \$20
Division for Culturally and Linguistically Diverse Exceptional Learners   DDEL	<input type="checkbox"/> \$15
Division of Emotional and Behavioral Health   DEBH	<input type="checkbox"/> \$25
Division for Early Childhood   DEC	<input type="checkbox"/> \$20
Division of International Special Education and Services   DISES	<input type="checkbox"/> \$15
Division for Learning Disabilities   DLD	<input type="checkbox"/> \$15
Division on Visual Impairments and Deafblindness   DVIDB	<input type="checkbox"/> \$5
Innovations in Special Education Technology Division   ISET	<input type="checkbox"/> \$20
The Association for the Gifted   TAG	<input type="checkbox"/> \$12
Teacher Education Division   TED	<input type="checkbox"/> \$15

## 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](mailto:service@exceptionalchildren.org)

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: \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_ (required)

Check # (in U.S. Funds) \_\_\_\_\_  Purchase Order # \_\_\_\_\_  
 (Payable to the Council for Exceptional Children) (Copy of Purchase Order must be attached)

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