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

Member ID (if known):

Prefix: [ ] Mr. [ ] Mrs. [ ] Ms. [ ] Dr.

First Name: ______________________ Last Name: ______________________

Job Title (required):

School/University/Current Employer (required):

Preferred Mailing Address:

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
- [ ] Consultant
- [ ] Higher Education Faculty
- [ ] Retired
- [ ] College/University Student
- [ ] Early Interventionist
- [ ] Paraeducator
- [ ] Other
- [ ] Administrator
- [ ] Family Member
- [ ] Related Service Provider

#### 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

#### 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
- [ ] Yes
- [ ] No
- [ ] I'd rather not say

#### Disability:

- [ ] 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

#### Sexual Orientation

- [ ] I'd rather not say

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

- [ ] Yes
- [ ] I'd rather not say
- [ ] No

Graduate Student Page 2/3
Your Graduate Student Membership Options

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<tr>
<th>Division Name</th>
<th>Special Interest Division Dues</th>
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<tr>
<td>Council of Administrators of Special Education</td>
<td>CASE</td>
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<tr>
<td>Complex and Chronic Conditions: The Division for Physical, Heath and Multiple Disabilities</td>
<td>CCC</td>
</tr>
<tr>
<td>Division for Research</td>
<td>CEC-DR</td>
</tr>
<tr>
<td>Council for Educational Diagnostic Services</td>
<td>CEDS</td>
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<tr>
<td>Division on Autism and Developmental Disabilities</td>
<td>DADD</td>
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<tr>
<td>Division for Visual and Performing Arts Education</td>
<td>DARTS</td>
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<tr>
<td>Division for Communication, Language, and Deaf/Hard of Hearing</td>
<td>DCD</td>
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<td>Division on Career Development and Transition</td>
<td>DCDT</td>
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<tr>
<td>Division for Culturally and Linguistically Diverse Exceptional Learners</td>
<td>DDEL</td>
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<tr>
<td>Division of Emotional and Behavioral Health</td>
<td>DEBH</td>
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<tr>
<td>Division for Early Childhood</td>
<td>DEC</td>
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<tr>
<td>Division of International Special Education and Services</td>
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<tr>
<td>Division for Learning Disabilities</td>
<td>DLD</td>
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<tr>
<td>Division on Visual Impairments and Deafblindness</td>
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<tr>
<td>Innovations in Special Education Technology Division</td>
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<td>The Association for the Gifted</td>
<td>TAG</td>
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<td>Teacher Education Division</td>
<td>TED</td>
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</tbody>
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Add One or More Optional Special Interest Divisions

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

Method of Payment

<table>
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<tr>
<th>Credit Card (in U.S. Funds)</th>
<th>VISA</th>
<th>Mastercard</th>
<th>Discover</th>
<th>American Express</th>
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<tbody>
<tr>
<td>Card #</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Billing Address

Name on Card

Check # (in U.S. Funds) (Payable to the Council for Exceptional Children)

Purchase Order # (Copy of Purchase Order must be attached)

Discount Code: Expiration Date: Security Code: (required)

CEC Graduate Student Member dues $ ____________________________
Special Interest Division dues from above $ ____________________________
Total $ ____________________________

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