PARAEDUCATOR
MEMBERSHIP APPLICATION

Your Member Information

I am a paraeducator providing instructional or related support. If you are a student, professional with more than 3 years of experience, early career professional, retired professional, 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
- [ ] 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

#### 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
- [ ] 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

#### Sexual Orientation

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

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

- [ ] Yes
- [ ] I'd rather not say
- [ ] No
## Your Paraeducator Membership Options

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Paraeducator Member Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier</td>
<td>$135</td>
</tr>
<tr>
<td>Full</td>
<td>$80</td>
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<tr>
<td>Basic</td>
<td>$40</td>
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## 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>CCC</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 for Early Childhood</td>
<td>DEC</td>
</tr>
<tr>
<td>Division of International Special Education and Services</td>
<td>DISES</td>
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<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>
</tr>
<tr>
<td>The Association for the Gifted</td>
<td>TAG</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: 703.264.9494 | service@exceptionalchildren.org

<table>
<thead>
<tr>
<th>Method of Payment</th>
<th>Special Interest Division Dues</th>
<th>Total</th>
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<tbody>
<tr>
<td>CEC Paraeducator Member dues</td>
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<tr>
<td>Special Interest Division dues from above</td>
<td>$</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$</strong></td>
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**CEC Paraeducator Member dues**: $135

**Special Interest Division dues**

<table>
<thead>
<tr>
<th>Division Name</th>
<th>Special Interest Division Dues</th>
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</thead>
<tbody>
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<tr>
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<td>DARTS</td>
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<td>DVIDB</td>
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<td>ISET</td>
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<tr>
<td>TAG</td>
<td>$30</td>
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</tbody>
</table>

**Total**: $274

**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 #**

(Copy of Purchase Order must be attached)

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