

For teachers, support personnel, faculty, administrators, consultants, and other professionals with 3+ years of professional experience.

<https://exceptionalchildren.org/membership/professional-membership>

Basic Information

I am a:		<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal Member	Member ID (if known): _____	
Find my ID (requires login. Member ID is viewable on main profile page. https://info.exceptionalchildren.org/User-Home)					
First Name:			Last Name:		
Job Title:					
Employer: <i>(No acronyms, please.)</i>					
Street Address:				Work	Home
Street 2 Address:			Phone:		Work Mobile
City:		State/ Province:		Zip/ Postal Code:	
Email:			Country:		

Additional Information *(required for membership activation)*

Interests *(Select one primary interest (P) and all secondary interests (S) that apply.)*

- | | | | | | | | | |
|----------------------------|----------------------------|--------------------------------|----------------------------|----------------------------|------------------------------|----------------------------|----------------------------|---|
| <input type="checkbox"/> P | <input type="checkbox"/> S | Assessment | <input type="checkbox"/> P | <input type="checkbox"/> S | Gifted and Talented | <input type="checkbox"/> P | <input type="checkbox"/> S | Response to Intervention |
| <input type="checkbox"/> P | <input type="checkbox"/> S | Autism | <input type="checkbox"/> P | <input type="checkbox"/> S | International | <input type="checkbox"/> P | <input type="checkbox"/> S | Speech/Language/ Communication Disorders |
| <input type="checkbox"/> P | <input type="checkbox"/> S | Cultural/Linguistic Diversity | <input type="checkbox"/> P | <input type="checkbox"/> S | Intellectual Disabilities | <input type="checkbox"/> P | <input type="checkbox"/> S | Teacher Preparation |
| <input type="checkbox"/> P | <input type="checkbox"/> S | Deaf/Hard of Hearing | <input type="checkbox"/> P | <input type="checkbox"/> S | Learning Disabilities | <input type="checkbox"/> P | <input type="checkbox"/> S | Technology: Assistive |
| <input type="checkbox"/> P | <input type="checkbox"/> S | Developmental Delays | <input type="checkbox"/> P | <input type="checkbox"/> S | Moderate/Severe Disabilities | <input type="checkbox"/> P | <input type="checkbox"/> S | Technology: Instructional |
| <input type="checkbox"/> P | <input type="checkbox"/> S | Early Childhood | <input type="checkbox"/> P | <input type="checkbox"/> S | Multiple Disabilities | <input type="checkbox"/> P | <input type="checkbox"/> S | Transition(s) |
| <input type="checkbox"/> P | <input type="checkbox"/> S | Educational Leadership | <input type="checkbox"/> P | <input type="checkbox"/> S | Orthopedic Impairment | <input type="checkbox"/> P | <input type="checkbox"/> S | Twice Exceptional |
| <input type="checkbox"/> P | <input type="checkbox"/> S | Emotional/Behavioral Disorders | <input type="checkbox"/> P | <input type="checkbox"/> S | Research | <input type="checkbox"/> P | <input type="checkbox"/> S | Visual Impairment/Blindness/DeafBlindness |

Professional Role *(Select one.)*

<input type="checkbox"/> Teacher	<input type="checkbox"/> Consultant	<input type="checkbox"/> Higher Education Faculty	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Administrator	<input type="checkbox"/> Early Interventionist	<input type="checkbox"/> Related Service Provider	

Age Level Served *(Select all that apply.)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Early Childhood (0-5 years) | <input type="checkbox"/> Middle School or Junior High | <input type="checkbox"/> Adult (Postsecondary) |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Secondary | <input type="checkbox"/> Adult (Non-Postsecondary) |

Other Demographics *(Optional)*

Year of Birth: _____	<input type="checkbox"/> I'd rather not say	Bachelor's Degree Year: _____	<input type="checkbox"/> I'd rather not say
First Generation College Student?		Do you have a disability?	
Ethnicity:		Gender:	
Sexual Orientation:			

Why are you joining CEC? *(Select all that apply.)*

- | | | | | |
|-------------------------------------|------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Networking | <input type="checkbox"/> Journals | <input type="checkbox"/> Events | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Research | <input type="checkbox"/> Divisions | <input type="checkbox"/> State or Provincial Units | <input type="checkbox"/> Policy and Advocacy | |

Professional Membership Options *(Select one.)*

Premier Membership	<input type="checkbox"/> \$215
Full Membership	<input type="checkbox"/> \$135
Basic Membership	<input type="checkbox"/> \$80

In addition to digital format, I'd also like to receive my journals in print. (Premier and Full Members Only)

Optional Special Interest Divisions *(Add one or more.)*

Divisions give you access to a specialized network of peers, advanced research, additional journals, and the opportunity to dive deeply into educational areas that reflect your dedicated interests towards helping students with exceptionalities.

[Learn more about divisions.](#)

Division Name	Division Dues
Council of Administrators of Special Education CASE	<input type="checkbox"/> \$60
Complex and Chronic Conditions: The Division for Physical, Health, and Multiple Disabilities CCC	<input type="checkbox"/> \$25
Division for Research CEC-DR	<input type="checkbox"/> \$35
Division of Leaders and Legacy CEC-DLL	<input type="checkbox"/> \$20
Council for Educational Diagnostic Services CEDS	<input type="checkbox"/> \$30
Division on Autism and Developmental Disabilities DADD	<input type="checkbox"/> \$30
Division of Visual and Performing Arts Education DARTS	<input type="checkbox"/> \$20
Division for Communication, Language, and Deaf/Hard of Hearing DCD	<input type="checkbox"/> \$30
Division on Career Development and Transition DCDT	<input type="checkbox"/> \$35
Division for Culturally and Linguistically Diverse Exceptional Learners DDEL	<input type="checkbox"/> \$35
Division for Emotional and Behavioral Health DEBH	<input type="checkbox"/> \$35
Division for Early Childhood DEC	<input type="checkbox"/> \$50
Division of International Special Education and Services DISES	<input type="checkbox"/> \$29
Division for Learning Disabilities DLD	<input type="checkbox"/> \$35
Division on Visual Impairments and Deafblindness DVIDB	<input type="checkbox"/> \$25
Innovations in Special Education Technology Division ISET	<input type="checkbox"/> \$30
The Association for the Gifted TAG	<input type="checkbox"/> \$30
Teacher Education Division TED	<input type="checkbox"/> \$40

Please return application and payment to:

Council for Exceptional Children
PO Box 79026
Baltimore, MD 21279-0026

Payment Summary

Membership Dues Total:	
Special Interest Division Dues Total:	
Total Amount:	

Pay by Credit Card

Credit Card Number:	Expiration Date:
Name on Card:	Security Code:
Billing Address:	

Pay by Check

Discount Code (optional):
Purchase Order Number:
Check Number:

Purchase orders can be uploaded [here](#).

Checks should be made payable to "The Council for Exceptional Children."

All payments are made in US funds and subject to exchange rates.

Membership is individual-based, non-transferrable, and non-refundable.

Prices subject to change. Check CEC's website for the latest pricing information at www.exceptionalchildren.org/rates.