

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: <b>New Member</b> <b>Renewal Member</b>		Member ID (if known): _____	
<a href="#">Find my ID</a> (requires login. Member ID is viewable on main profile page. <a href="https://info.exceptionalchildren.org/User-Home">https://info.exceptionalchildren.org/User-Home</a> )			
First Name:		Last Name:	
Job Title:			
Employer: (No acronyms, please.)			
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.)

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

**Professional Role** (Select one.)

Teacher	Consultant	Higher Education Faculty	Other: _____
Administrator	Early Interventionist	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"/> \$219
Full Membership	<input type="checkbox"/> \$139
Basic Membership	<input type="checkbox"/> \$85

☐ 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  
[service@exceptionalchildren.org](mailto:service@exceptionalchildren.org)

### Payment Summary

Membership Dues Total:	
Special Interest Division Dues Total:	
<b>Total Amount:</b>	

### Pay by Credit Card

Credit Card Number:	Expiration Date: Security Code:
Name on Card:	
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](http://www.exceptionalchildren.org/rates).