Council for Exceptional Children

EARLY CAREER
Membership Application

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

https://exceptionalchildren.org/membership/early-career-professional-membership

Basic Information

I am a: ◯ New Member ◯ 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: *(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.)*

☐ Early Childhood (0-5 years)	☐ Middle School or Junior High	☐ Adult (Postsecondary)
☐ Elementary	☐ Secondary	☐ Adult (Non-Postsecondary)

Other Demographics *(Optional)*

Year of Birth:	☐ I'd rather not say	Bachelor's Degree Year:	☐ 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.)*

☐ Networking	☐ Journals	☐ Events	☐ Professional Development	☐ Other: _____
☐ Research	☐ Divisions	☐ State or Provincial Units	☐ Policy and Advocacy	

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Early Career Membership Options *(Select one.)*

Premier Membership	☐ $195
Full Membership	☐ $119
Basic Membership	☐ $69

☐ 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	☐ $60
Complex and Chronic Conditions: The Division for Physical, Health and Multiple Disabilities | CCC	☐ $25
Division for Research | CEC-DR	☐ $35
Division on Autism and Developmental Disabilities | DADD	☐ $20
Division of Visual and Performing Arts Education | DARTS	☐ $10
Division of Evaluation and Assessment for Learning (DEAL)	☐ $30
Division for Communication, Language, and Deaf/Hard of Hearing | DCD	☐ $20
Division on Career Development and Transition | DCDT	☐ $35
Division for Culturally and Linguistically Diverse Exceptional Learners | DDEL	☐ $35
Division for Emotional and Behavioral Health | DEBH	☐ $35
Division for Early Childhood | DEC	☐ $30
Division of International Special Education and Services | DISES	☐ $24
Division for Learning Disabilities | DLD	☐ $35
Division on Visual Impairments and Deafblindness | DVIDB	☐ $15
Innovations in Special Education Technology Division | ISET	☐ $24
The Association for the Gifted | TAG	☐ $30
Teacher Education Division | TED	☐ $40

Please return application and payment to:
Council for Exceptional Children
PO Box 79026
Baltimore, MD 21279-0026
service@exceptionalchildren.org

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

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.