

For paraeducators providing instructional or related support.

<https://exceptionalchildren.org/membership/paraeducator-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

Paraeducator

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 | |

Professional Membership Options *(Select one.)*

Premier Membership	☐ \$139
Full Membership	☐ \$85
Basic Membership	☐ \$45

☐ 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
Complex and Chronic Conditions: The Division for Physical, Health and Multiple Disabilities CCC	☐ \$15
Division on Autism and Developmental Disabilities DADD	☐ \$30
Division of Visual and Performing Arts Education DARTS	☐ \$5
Division of Evaluation and Assessment for Learning DEAL	☐ \$30
Division for Communication, Language, and Deaf/Hard of Hearing DCD	☐ \$15
Division on Career Development and Transition DCDT	☐ \$20
Division for Culturally and Linguistically Diverse Exceptional Learners DDEL	☐ \$20
Division for Early Childhood DEC	☐ \$20
Division of International Special Education and Services DISES	☐ \$24
Division for Learning Disabilities DLD	☐ \$15
Division on Visual Impairments and Deafblindness DVIDB	☐ \$25
Innovations in Special Education Technology Division ISET	☐ \$20
The Association for the Gifted TAG	☐ \$30

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.