PRE-SERVICE STUDENT MEMBERSHIP APPLICATION

Council for Exceptional Children

P.O. Box 79026, Baltimore, MD 21279-0026
Phone: 888.232.7733 • Fax: 703.264.9494
Email: service@exceptionalchildren.org • exceptionalchildren.org

Your Member Information

☐ I am a pre-service student (undergraduate or graduate). You are currently enrolled as an undergraduate or graduate student, and have not yet graduated or worked as a special education professional. For all other applications, please visit exceptionalchildren.org/applications

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

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
- ☐ Cis Female
- ☐ Transgender Female
- ☐ Gender Queer / Gender Fluid / Gender Non- Conforming
- ☐ Other
- ☐ I'd rather not say

Sexual Orientation

- ☐ Heterosexual
- ☐ Other
- ☐ Gay/Lesbian
- ☐ I'd rather not say
- ☐ Bisexual

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

- ☐ Yes
- ☐ I'd rather not say
- ☐ No

Your Pre-Service Student Membership Options

	Pre-Service Student Member Dues
Premier	☐ $135
Full	☐ $80
Basic	☐ $40

Add One or More Optional Special Interest Divisions

Division Name	Special Interest Division Dues
Complex and Chronic Conditions: The Division for Physical, Heath and Multiple Disabilities | CCC	☐ $15
Division on Autism and Developmental Disabilities | DADD	☐ $15
Division for Visual and Performing Arts Education | DARTS	☐ $15
Division of Evaluation and Assessment for Learning | DEAL	☐ $5
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	☐ $15
Division of Emotional and Behavioral Health | DEBH	☐ $25
Division for Early Childhood | DEC	☐ $20
Division of International Special Education and Services | DISES	☐ $15
Division for Learning Disabilities | DLD	☐ $15
Division on Visual Impairments and Deafblindness | DVIDB	☐ $5
Innovations in Special Education Technology Division | ISET	☐ $15
The Association for the Gifted | TAG	☐ $30

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

CEC Pre-Service Student Member dues $ _____

Special Interest Division dues from above $ _____

Total _____

Method of Payment

Credit Card (in U.S. Funds) ☐ VISA ☐ Mastercard ☐ Discover ☐ American Express Discount Code: _____

Card # _____ Expiration Date _____ Security Code _____

Billing Address _____

Name on Card _____ Signature _____ *(required)*

Check # (in U.S. Funds) _____ ☐ Purchase Order # _____

(Payable to the Council for Exceptional Children) *(Copy of Purchase Order must be attached)*

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