



# 2022-2023 FAMILY/AFFILIATE MEMBERSHIP APPLICATION

P.O. Box 79026, Baltimore, MD 21279-0026  
 Phone: 888.232.7733 • Fax: 703.264.9494  
 Email: [service@exceptionalchildren.org](mailto:service@exceptionalchildren.org) • [exceptionalchildren.org](http://exceptionalchildren.org)

## Your Member Information

I am a family/affiliate. If you are a student, professional with more than three years experience, retired professional or a paraprofessional, please visit [exceptionalchildren.org/applications](http://exceptionalchildren.org/applications) to find your application.

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](mailto: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.

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

## 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)

- |   |  |   |                                  |
|---|--|---|----------------------------------|
| <input type="checkbox"/> Teacher                    | <input type="checkbox"/> Consultant            | <input type="checkbox"/> Higher Education Faculty | <input type="checkbox"/> Retired |
| <input type="checkbox"/> College/University Student | <input type="checkbox"/> Early Interventionist | <input type="checkbox"/> Paraeducator             | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Administrator              | <input type="checkbox"/> Family Member         | <input type="checkbox"/> Related Service Provider |                                  |

### Employment Setting:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Private School/Facility | <input type="checkbox"/> College or University                      | <input type="checkbox"/> Student - Not Employed |
| <input type="checkbox"/> Public School/Facility  | <input type="checkbox"/> Local or State/Province Educational Agency | <input type="checkbox"/> Retired - Not Employed |
| <input type="checkbox"/> Early Learning Program  | <input type="checkbox"/> Non-Profit                                 | <input type="checkbox"/> Other                  |

### Responsibility

- |  |  |  |                                |
|--|--|--|--------------------------------|
| <input type="checkbox"/> General Education | <input type="checkbox"/> Special Education | <input type="checkbox"/> Family/Parent | <input type="checkbox"/> Other |
|--|--|--|--------------------------------|

### Age Level served

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Infants (birth - 2 years)   | <input type="checkbox"/> Middle School or Junior High | <input type="checkbox"/> Postsecondary  |
| <input type="checkbox"/> Early Childhood (3-5 years) | <input type="checkbox"/> Secondary                    | <input type="checkbox"/> All age levels |
| <input type="checkbox"/> Elementary                  | <input type="checkbox"/> School Age (k-12)            | <input type="checkbox"/> 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:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> LatinX or Hispanic or ChicanX or Puerto Rican | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Asian or Asian American           | <input type="checkbox"/> White or European American                    | <input type="checkbox"/> Multiracial                     | <input type="checkbox"/> I'd rather not say |
| <input type="checkbox"/> Black or African American         | <input type="checkbox"/> Native Hawaiian or Pacific Islander           |  |   |

### Gender

- |   |   |
|---|---|
| <input type="checkbox"/> Cis Male   | <input type="checkbox"/> Transgender Male   |
| <input type="checkbox"/> Cis Female   | <input type="checkbox"/> Transgender Female |
| <input type="checkbox"/> Gender Queer / Gender Fluid / Gender Non- Conforming |   |
| <input type="checkbox"/> Other  | <input type="checkbox"/> I'd rather not say |

### Sexual Orientation

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Gay/Lesbian  | <input type="checkbox"/> I'd rather not say |
| <input type="checkbox"/> Bisexual     |   |

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

- Yes  I'd rather not say
- No

## Your Family/Affiliate Membership Options

### Family/Affiliate Member Dues

Premier	<input type="checkbox"/> \$135
Full	<input type="checkbox"/> \$80
Basic	<input type="checkbox"/> \$40

## Add One or More Optional Special Interest Divisions

Division Name	Special Interest Division Dues
Complex and Chronic Conditions: The Division for Physical, Health and Multiple Disabilities   CCC	<input type="checkbox"/> \$15
Division on Autism and Developmental Disabilities   DADD	<input type="checkbox"/> \$30
Division for Visual and Performing Arts Education   DARTS	<input type="checkbox"/> \$5
Division for Communication, Language, and Deaf/Hard of Hearing   DCD	<input type="checkbox"/> \$20
Division on Career Development and Transition   DCDT	<input type="checkbox"/> \$10
Division for Culturally and Linguistically Diverse Exceptional Learners   DDEL	<input type="checkbox"/> \$15
Division for Early Childhood   DEC	<input type="checkbox"/> \$10
Division of International Special Education and Services   DISES	<input type="checkbox"/> \$29
Division for Learning Disabilities   DLD	<input type="checkbox"/> \$35
Innovations in Special Education Technology Division   ISET	<input type="checkbox"/> \$20
The Association for the Gifted   TAG	<input type="checkbox"/> \$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](mailto:service@exceptionalchildren.org)

CEC Family/Affiliate Member dues \$ \_\_\_\_\_  
 Special Interest Division dues from above \$ \_\_\_\_\_  
**Total** \_\_\_\_\_

### Method of Payment

Credit Card (in U.S. Funds)  VISA  Mastercard  Discover  American Express  
 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**