



2016 INTERNATIONAL MEMBERSHIP APPLICATION

Your Member Information			
Member ID:		Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
First Name:	Last Name:		Suffix: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
Title <i>(required)</i> :		Degree Attained: <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> DOC	
School/University/Organization Name <i>(required)</i> :			
Preferred Mailing Address:			<input type="checkbox"/> Work <input type="checkbox"/> Home
Apt./Suite/P.O. Box Number:		City:	
State/Province:	Zip/Postal Code:	Country	
Phone:		Email Address <i>(required)</i> :	

I do not wish to receive email communications to stay current on CEC news, legislative updates, events and services.

Your Membership Options		
Member Type	Member	Student**
Premier <i>(please select your included division on the back)</i>	<input type="checkbox"/> \$205	<input type="checkbox"/> \$164
Full <i>(online only)</i>	<input type="checkbox"/> \$115	<input type="checkbox"/> \$92
Basic <i>(online only)</i>	<input type="checkbox"/> \$65	<input type="checkbox"/> \$52

The above dues rates are effective for 2016 only.

**Student members must be enrolled full or part-time in a matriculating program at an accredited college or university. Students are eligible for the discount for a maximum of 6 cumulative years. For verification, please provide the below information. If you are not eligible for the student discount, you will be charged the member rate.

University Name: _____ Expected Graduation Date: _____ Degree: BA MA DOC

International Developing Countries: Individuals with a mailing address in a developing country may join CEC at the Full Membership Rate of \$50. Visit cec.sped.org/developingcountries for a current list.

Your Special Interest Division(s)

Division Name	International
Council of Administrators of Special Education • CASE	<input type="checkbox"/> \$80
Council for Children with Behavioral Disorders • CCBD	<input type="checkbox"/> \$75
Division for Research • CEC-DR	<input type="checkbox"/> \$39
CEC Pioneers Division • CEC-PD	<input type="checkbox"/> \$20
Council for Educational Diagnostic Services • CEDS	<input type="checkbox"/> \$45
Division on Autism and Developmental Disabilities • DADD	<input type="checkbox"/> \$45
Division for Communicative Disabilities and Deafness • DCDD	<input type="checkbox"/> \$42
Division on Career Development and Transition • DCDT	<input type="checkbox"/> \$42
Division for Culturally and Linguistically Diverse Exceptional Learners • DDEL	<input type="checkbox"/> \$33
Division for Early Childhood • DEC	<input type="checkbox"/> \$50
Division of International Special Education and Services • DISES	<input checked="" type="checkbox"/> \$15
Division for Learning Disabilities • DLD	<input type="checkbox"/> \$50
Division for Visual and Performing Arts Education • DARTS	<input type="checkbox"/> \$20
Division for Physical, Health and Multiple Disabilities • DPHMD	<input type="checkbox"/> \$33
Division on Visual Impairments and Deafblindness • DVIDB	<input type="checkbox"/> \$31
The Association for the Gifted • TAG	<input type="checkbox"/> \$55
Technology and Media Division • TAM	<input type="checkbox"/> \$30
Teacher Education Division • TED	<input type="checkbox"/> \$35

Total Division Dues

\$ _____

Payment Information

Payment Summary

CEC dues from reverse side: \$ _____

Division dues from above: \$ _____

Total: \$ _____

Please return form and full payment to: CEC, PO Box 79026, Baltimore, MD 21279-0026 | FAX: 703.264.9494 | service@cec.sped.org

Method of Payment

Source Code: _____

Credit Card (in U.S. funds) VISA MasterCard Discover American Express Charge entire amount Dues Installment Plan* (credit card only)

Card # _____ Expiration Date _____ Security Code# _____

Billing Address _____

Name on Card _____ Signature _____

Check # (in U.S. funds) _____ **Purchase Order #** _____

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

* Dues Installment Plan: One-third of your total dues will be charged to your credit card when you join. Your second and third payments will be charged automatically on the credit card the first day of the next two months. Please call CEC Customer Service at 888-232-7733 to set up an installment payment plan.

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

Annual membership dues in CEC include \$24 for subscription to *Exceptional Children* and \$36 for *TEACHING Exceptional Children*. This information is given in order to meet postal regulations. Please do not use as a basis for payment.

Thank you for your support of CEC!