



Canadian Council
for Exceptional Children
Le Conseil Canadien
De L'Enfance Exceptionnelle

The voice and vision of special education

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www.cec.sped.org • service@cec.sped.org

Associate Membership Application

Chapter #: _____

If chapter number is not known, please leave blank.
CEC will inform you of your local chapter number

1. Address Information PLEASE PRINT • PLEASE USE PREFERRED MAILING ADDRESS

NAME PREFIX FIRST NAME MIDDLE INITIAL LAST NAME SUFFIX

ADDRESS SCHOOL/UNIVERSITY/ORGANIZATION NAME (ONLY IF USING SCHOOL/UNIVERSITY/ORGANIZATION ADDRESS)

DELIVERY ADDRESS – STREET NUMBER AND NAME, APT/SUITE NUMBER IF APPLICABLE OR P.O. BOX NUMBER

CITY STATE OR PROVINCE U.S. ZIP+4 (POSTAL CODE)

PHONE () () ()
WORK PHONE NUMBER HOME PHONE NUMBER FAX NUMBER

E-MAIL ADDRESS _____
CEC may make available, at an appropriate charge, the full or partial list of its members to certain carefully selected companies or organizations serving the fields of general and special education. If you do not want your name included, please check this box.

2. Yes! I Accept

If you are a certified teacher engaged in full-time employment in the education profession, you do not qualify for Associate membership but may join as a Professional member.

Associate member benefits include:

- Online access to CEC's journals and newsletter
- Member discounts for CEC's Annual Convention & Expo and other events
- Member discounts for CEC products and publications
- The right to vote and hold office

■ **Membership Dues*** \$ **87.00**

Dues subject to change after December 31, 2007

4. Payment Options

CEC Dues \$ **87.00**

Division Dues \$.

■ **Total Dues Payment** \$. **U.S.**
GENAPP

- Check (in U.S. funds) (All returned checks are subject to a \$25.00 U.S. return fee)
 Submit Purchase Order with application
 VISA MasterCard Discover (credit card transactions in U.S. funds)
Credit Card Only: Bill entire amount Bill via installment method**

Card #

Signature _____

Expiration

Join online now at www.cec.sped.org

Or, send this form and payment to:

Council for Exceptional Children

P.O. Box 79026, Baltimore, MD 21279-0026

or fax to: 703/264-9494 Questions? Please call toll free 888/232-7733

3. CEC Gives You More!

Select from 16 CEC divisions for additional publications and benefits... Each division develops professional programs and publications for your specialized interest area.

Only CEC members can join.

All division dues are listed in U.S. funds.

Divisions

Division for Physical and Health Disabilities • DPHD A \$20

Council of Administrators of Special Education • CASE B 60

Council for Children with Behavioral Disorders • CCBBD C 25

Division on Developmental Disabilities • DDD D 25

Division for Communicative Disabilities and Deafness • DCDD E 20

Division for Learning Disabilities • DLD F 20

Division on Visual Impairments • DVI G 25

The Association for the Gifted • TAG H 25

Teacher Education Division • TED I 30

Division for Early Childhood • DEC J 12

Council for Educational Diagnostic Services • CEDS K 25

Technology and Media Division • TAM L 25

Division on Career Development and Transition • DCDT M 20

Division for Research • CEC-DR N 29

Division for Culturally & Linguistically Diverse

Exceptional Learners • DDEL Q 15

Division of International Special Education and Services • DISES R 18

■ **Division Total** \$ _____

FORM CEC036A (REV 1/07)

* CEC dues include a \$2.00 tax deductible contribution to the Yes I Can! Awards Program.

** Installment method for dues payment: The initial installment of one third of your total dues will be charged to your credit card when you join/renew. Your second installment will be charged automatically to your credit card on the first day of the month following your join/renew date. The final installment will be charged automatically to your credit card on the first day of the second month following the month you joined/renewed.

Annual membership dues in CCBBD Division include \$8.00 for subscription to *Behavioral Disorders*. Annual membership dues in DDD Division include \$8.00 for subscription to *Education and Training in Developmental Disabilities*. This information is given in order to meet postal regulations. Please do not use as a basis for payment.