

# Educators with Disabilities Caucus of the Council for Exceptional Children Application for Membership

Send to:  
Educators with Disabilities Caucus  
c/o: Pamela K. De Loach  
6711 Spanish Moss Circle  
Tampa, Florida 33625-6531  
Or  
E-mail: [pdeloach@tampabay.rr.com](mailto:pdeloach@tampabay.rr.com)

**Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Work Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Please indicate which address you prefer to use for communication:     home     work

**Phone H:** \_\_\_\_\_ **W:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Current Position** \_\_\_\_\_

**Discipline** \_\_\_\_\_

**Professional Interests** \_\_\_\_\_

Gender:  M    F                      Disability:  Yes    No

Are you interested in having a mentor through the Educators with Disabilities Caucus?    Yes    No

Would you like to become a mentor in the Educators with Disabilities Caucus?    Yes    No

Would you like to become active in the EDC by serving on a committee?    Yes    No

If you would like to become active in the Educators with Disabilities Caucus by serving on a committee, do you have an area of preference? (for example: communication; newsletter; research issues; officer position)

**Areas of preference:** \_\_\_\_\_

Member # \_\_\_\_\_ (to be assigned)