



SCHOOL / SCHOOL DISTRICT PACKAGE APPLICATION

Administrator Information

This is the individual who will supply the school/school district roster, annual changes to the roster, distribute benefits and be responsible for payment each year.

Member ID:		Title:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First Name:	Last Name:	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
Work Phone:		Alt. Phone:	
Email Address (required):			

Preferred Mailing Address

School / School District Name:		
Street Address:		Apt./Suite/P.O. Box Number:
City:	State/Province:	Zip/Postal Code:
Country:		

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

Section 1 - Your Package Options

The dues rates are effective for 2016 only.

School / School District Package **\$1,300**

Please complete page 3 of this application to provide contact information for the five teachers / professionals to be included in the package.

Additional Teachers / Professionals

Additional teachers / professionals may be added to the package and receive a \$5 discount off the individual membership rate. Please complete page 4 of this application if you are adding additional teachers / professionals.

Member Type	Investment	Quantity	Total
Premier	\$200	×	
Full	\$110	×	
Basic	\$60	×	
SUBTOTAL			

Section 2 - Special Interest Division(s)

If you would like to add special interest division(s), please make selection(s) below. *Dues subject to change after December 31, 2016.*

Division Name	Administrator	Teacher 1	Teacher 2	Teacher 3	Teacher 4	Teacher 5
Council of Administrators of Special Education • CASE	Included	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60
Council for Children with Behavioral Disorders • CCBD	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35
Division for Research • CEC-DR	<input type="checkbox"/> \$29	<input type="checkbox"/> \$29	<input type="checkbox"/> \$29	<input type="checkbox"/> \$29	<input type="checkbox"/> \$29	<input type="checkbox"/> \$29
CEC Pioneers Division • CEC-PD <i>(A minimum of 15 years' membership in CEC is required before joining the Pioneers Division.)</i>	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
Council for Educational Diagnostic Services • CEDS	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30
Division on Autism and Developmental Disabilities • DADD	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30
Division for Communicative Disabilities and Deafness • DCDD	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30
Division on Career Development and Transition • DCDT	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
Division for Culturally and Linguistically Diverse Exceptional Learners • DDEL	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30
Division for Early Childhood • DEC	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
Division of International Special Education and Services • DISES	<input type="checkbox"/> \$29	<input type="checkbox"/> \$29	<input type="checkbox"/> \$29	<input type="checkbox"/> \$29	<input type="checkbox"/> \$29	<input type="checkbox"/> \$29
Division for Learning Disabilities • DLD	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Division for Visual and Performing Arts Education • DARTS	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
Division for Physical, Health and Multiple Disabilities • DPHMD	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Division on Visual Impairments and Deafblindness • DVIDB	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
The Association for the Gifted • TAG	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
Technology and Media Division • TAM	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30
Teacher Education Division • TED	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35
SUBTOTAL						

Total Division Dues (add all amounts sub-totaled from above) \$ _____

Payment Information

Payment Summary

School / School District Package dues: \$1,300
 Additional Teachers / Professionals dues from Section 1: \$ _____
 Division dues from Section 2: \$ _____
Total: \$ _____

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

Method of Payment

Source Code: _____

Credit Card (in U.S. funds) VISA MasterCard Discover American Express

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)

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.

School / School District Package Roster

Please provide the contact information below for each of the five teachers / professionals included as part of the School District Package and who will receive the Basic membership (online only).

Teacher / Professional 1

Member ID:	First Name:	Last Name:	
Email Address <i>(required)</i> :		Phone:	
Title:		School/University/Organization <i>(required)</i> :	
School Address <i>(required)</i> :			
City:	State:	ZIP:	Country:

Teacher / Professional 2

Member ID:	First Name:	Last Name:	
Email Address <i>(required)</i> :		Phone:	
Title:		School/University/Organization <i>(required)</i> :	
School Address <i>(required)</i> :			
City:	State:	ZIP:	Country:

Teacher / Professional 3

Member ID:	First Name:	Last Name:	
Email Address <i>(required)</i> :		Phone:	
Title:		School/University/Organization <i>(required)</i> :	
School Address <i>(required)</i> :			
City:	State:	ZIP:	Country:

Teacher / Professional 4

Member ID:	First Name:	Last Name:	
Email Address <i>(required)</i> :		Phone:	
Title:		School/University/Organization <i>(required)</i> :	
School Address <i>(required)</i> :			
City:	State:	ZIP:	Country:

Teacher / Professional 5

Member ID:	First Name:	Last Name:	
Email Address <i>(required)</i> :		Phone:	
Title:		School/University/Organization <i>(required)</i> :	
School Address <i>(required)</i> :			
City:	State:	ZIP:	Country:

Additional Teacher / Professional Roster

Additional teachers / professionals will be contacted via e-mail to add any special interest division(s).

Additional Teacher / Professional 1

Membership Options: Premier (\$200) Full (\$110) Basic (\$60)

Member ID:	First Name:	Last Name:	
Email Address <i>(required)</i> :		Phone:	
Title:		School/University/Organization <i>(required)</i> :	
School Address <i>(required)</i> :			
City:	State:	ZIP:	Country:

Additional Teacher / Professional 2

Membership Options: Premier (\$200) Full (\$110) Basic (\$60)

Member ID:	First Name:	Last Name:	
Email Address <i>(required)</i> :		Phone:	
Title:		School/University/Organization <i>(required)</i> :	
School Address <i>(required)</i> :			
City:	State:	ZIP:	Country:

Additional Teacher / Professional 3

Membership Options: Premier (\$200) Full (\$110) Basic (\$60)

Member ID:	First Name:	Last Name:	
Email Address <i>(required)</i> :		Phone:	
Title:		School/University/Organization <i>(required)</i> :	
School Address <i>(required)</i> :			
City:	State:	ZIP:	Country:

Additional Teacher / Professional 4

Membership Options: Premier (\$200) Full (\$110) Basic (\$60)

Member ID:	First Name:	Last Name:	
Email Address <i>(required)</i> :		Phone:	
Title:		School/University/Organization <i>(required)</i> :	
School Address <i>(required)</i> :			
City:	State:	ZIP:	Country:

Additional Teacher / Professional 5

Membership Options: Premier (\$200) Full (\$110) Basic (\$60)

Member ID:	First Name:	Last Name:	
Email Address <i>(required)</i> :		Phone:	
Title:		School/University/Organization <i>(required)</i> :	
School Address <i>(required)</i> :			
City:	State:	ZIP:	Country: