



CAPEd Membership

Name: _____

College/Affiliation: _____

Department/Title: _____

Preferred Mailing Address: _____

Phone (Please note Voice or TTY)

Work: _____

Home: _____

Fax: _____

Email: _____

Membership Status

- New
- Continued Renewal
- Renewal after lapse of _____ months

Institutional \$240/yr. \$ _____

An organization or institution other than the state system of higher education, represented by 3 professional members designated by the organization or institution. Those designated are entitled to vote and are eligible to hold office.

Professional \$80/yr. \$ _____

Faculty, professional, certificated or other similar salaried staff actively working with students with disabilities.

Associate \$40/yr. \$ _____

Support service or part-time hourly staff.

Retired \$40/yr. \$ _____

Student \$18/yr. \$ _____

Full time students who do not meet one of the categories above. (faculty verification required)

Library \$20/yr. \$ _____

All mailings and the Communiqué

CAPEd Interest Groups:

<u>CAPEd Interest Groups:</u>	<u>Dues:</u>
Acquired Brain Injury/ Speech/Language	\$10 \$ _____
Adapted Physical Education	\$10 \$ _____
Access Technology	\$10 \$ _____
Counseling/ Career & Employment Transition	\$10 \$ _____
Deaf/Hard-of-Hearing	\$10 \$ _____
Developmental Disabilities	\$10 \$ _____
Learning Disabilities	\$10 \$ _____
Program Management	\$10 \$ _____

Donations: Student Scholarship \$ _____

Total Dues & Donations \$ _____
--

Method of Payment (check one if not including a check or purchase order). MasterCard Visa

VCODE _____ (3-digit # on back of card)

Cardholder's Name as it appears on card: _____

Card Account Number: _____

Exp. Date (required): Month _____ Year _____

Cardholder's Signature: _____

Please make checks payable to CAPEd. Your check is your receipt. (Dues and donations are tax-deductible to the extent permitted by law.)

Are you interested in:

- | | |
|---|--|
| <input type="checkbox"/> CAPED Committee Service? | <input type="checkbox"/> Becoming an Interest Group Chair? |
| <input type="checkbox"/> Writing for our Communiqué'? | <input type="checkbox"/> Assistance by a CAPED "Buddy"? |
| <input type="checkbox"/> Other _____ | |

Do you wish to receive informational mailings from agencies or companies outside of CAPEd? Yes No

*Mail completed application and fees to:
Terry Stark, CAPEd Office ♦ 71 423 Biskra Rd ♦ Rancho Mirage, CA 92270*