CAPED Membership

Name_____ **College or Affiliation**_____

Dept./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

Library **$20/yr.** **$_____**

All mailings and the Communique′

Acquired Brain Injury/ Speech/Language	**$10**	**$____**
Adapted Physical Education	**$10**	**$____**
Access Technology	**$10**	**$____**
Counseling	**$ 5**	**$ ___**
Deaf/Hard-of-Hearing	**$10**	**$ ___**
Developmental Disabilities	**$10**	**$____**
Career & Employment Transition	**$10**	**$____**
Learning Disabilities	**$10**	**$____**
Program Management	**$10**	**$____**

Donations: **Scholarship** **$_____**

Please check below.
___Susan Bunch Memorial Scholarship
___Lynn M. Smith Memorial Scholarship
___ CAPED General Excellence Scholarship

Total Amount Submitted **$_____**

Are you interested in:

- CAPED Committee Service? _____
- Becoming an Interest Group Chair? _____
- Writing for our Newsletter? _____
- Assistance by a CAPED "Buddy?" _____

Do you wish to receive informational mailings from agencies or companies outside of CAPED?
_____Yes _____ No