



Council of American Instructors of the Deaf (CAID)

Membership Application

Information			
Name:			
Address:			
City:	State:	Country:	Postal Code:
Phone:		Text/VP:	
Email:		Fax:	
Affiliation: School/Agency		Position/Title:	

YES! I would like to join the following SIGs - Special Interest Groups (No charge)
<input type="checkbox"/> Teachers of English and Language (TELA) <input type="checkbox"/> Mathematics <input type="checkbox"/> Science & Technology <input type="checkbox"/> Success within the Mainstream (SWIM) <input type="checkbox"/> Deaf Studies <input type="checkbox"/> Program Supervisors/Coordinators/Consultants (PSCC)

Membership Fees
<input type="checkbox"/> Current Professional Member Renewal \$55 (USD) <input type="checkbox"/> International Member \$30 <input type="checkbox"/> New Member \$30 <input type="checkbox"/> Student in Teacher Preparation Program \$25
**Special Incentive: Recruit 3 new members and receive 1 year FREE membership!

Payment Information	
Check or Money Order:	Credit Card:
1. Make payment today at the Conference CAID Exhibit Table. 2. Send this form and check or money order (payable to CAID, Inc.) to CAID PO Box 377 Bedford, TX 76095-0377	First Name:
	Last Name:
	Credit Card Type: <input type="checkbox"/> MasterCard or <input type="checkbox"/> Visa or <input type="checkbox"/> Discover
	Credit Card #:
	Expiration Date:
Card Payments: Use the separate form or make payment online at the CAID Table	