



Council of American Instructors of the Deaf

Membership Application

Information		
Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Email:	Fax:	
Affiliation: School/Agency	Position	

YES! I would like to join the following Special Interest Group (SIGs) at no additional charge.
<input type="checkbox"/> Teacher of English and Language (TELA)
<input type="checkbox"/> Mathematics Teachers
<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

You may specific, if you wish*
<input type="checkbox"/> Teach Awards
<input type="checkbox"/> Discretionary Funds
<input type="checkbox"/> Laurent Clerc Teacher Enrichment Fund

Membership Fee \$55.00
<input type="checkbox"/> Full <input type="checkbox"/> Retired <input type="checkbox"/> Student

Payment Information
Please send this exhibitor registration form and payment of the amount made payable to the CAID, Inc. to: CAID PO Box 377 Bedford, Texas 76095-0377

*Optional Contributions: CAID is a nonprofit organization.
Contributed funds are dispensed by vote of the Executive Committee for various worthy projects.