



MEMBERSHIP REGISTRATION FORM
(if you do not plan to attend the Spring Conference)

Print Name _____

Affiliation/School Division _____

Mailing Address _____

Email Address _____ Zip Code _____

Phone Numbers W: _____ H: _____ (for emergency use only)

Active VCASE membership is open to individuals who: (please circle the option that applies to you)

- (a) administer, direct, supervise, and/or coordinate a program, school or classes of special education for children with disabilities in one or more categories as a major responsibility;
- (b) are members of the Council for Exceptional Children who formerly administered, directed, supervised, or coordinated a program, school or classes of special education for children with disabilities in one or more categories as a major responsibility;
- (c) are college faculty whose major responsibility is the professional preparation of teachers and/or administrators of special education within the Commonwealth of Virginia.; or
- (d) are retired from a and/or c.

Please select your Membership Fee Option- If you attend the Spring Conference, membership will continue to be offered at that time.

_____ \$50 per year for VCASE Membership only

_____ \$175 per year for a Unified Membership (CEC Basic Membership, CASE, VCASE)

METHOD OF PAYMENT. Make payable to **Virginia Council of Administrators of Special Education.** Registration cannot be honored without check or PO number on the form. **Unfortunately, we cannot accept credit cards or facsimiles.**

_____ Check # _____

_____ Purchase Order # _____ (Please include all names on PO. Include contact person.)

AMOUNT ENCLOSED: _____

PLEASE SEND COMPLETED MEMBERSHIP REGISTRATION FORM TO:

Sheila Bailey, Executive Director, Virginia Council of Administrators of Special Education 5409 Silver Fox Court, Prince George, VA 23875 Phone: 804-931-5589 Email: sheilabaileyVCASE@gmail.com