



Please fill in the information below and the completed form and payment to the address at the bottom.

| Personal Information | | |
|---|------------------------|----------------------|
| First Name: | Middle Initial: | Last Name: |
| Title/ Position: | | Organization: |
| Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business | | |
| Home Phone: | Cell Phone: | FAX: |
| E-Mail: | | |
| Preferred method of contact? | | |

| Professional Credentials and Licenses | | |
|---------------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> BCBA-D | <input type="checkbox"/> BCBA | <input type="checkbox"/> BCaBA |
| <input type="checkbox"/> RBT | Certificant Number: | |
| License Type: | State: | Number: |
| License Type: | State: | Number: |
| License Type: | State: | Number: |

| Business Type | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> For Profit | <input type="checkbox"/> Not for Profit | <input type="checkbox"/> School District: |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Other: | |

| Select Membership Type | | | |
|---|-----------------------------------|---|--|
| <input type="checkbox"/> Organizational (\$100.00): Provide an attestation that the majority of organization's revenue is derived from provision of ABA services. Up to 4 people can be named on the Organizational membership, however, each much also have an individual professional membership. | | | |
| <input type="checkbox"/> Professional (\$25.00) | | | |
| <input type="checkbox"/> Student / RBT (\$15.00): Students must be currently enrolled in courses and provide a copy of current student ID. | | | |
| If applying for professional membership please check all that apply: | | | |
| Primary Professional Activities | | Primary Fields of Discipline | |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Research | <input type="checkbox"/> Developmental Disabilities/ Autism | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Retired | <input type="checkbox"/> Education / Special Ed. | <input type="checkbox"/> Training |
| <input type="checkbox"/> Consulting / Training | <input type="checkbox"/> Other: | <input type="checkbox"/> Mental/ Behavioral Health | <input type="checkbox"/> School Psychology |
| <input type="checkbox"/> Teaching | | <input type="checkbox"/> Organizational Behavior Management | <input type="checkbox"/> Other: |
| If applying for student membership please complete the following: | | | |
| Degree pursuing: | | School: | |
| Area of Concentration: | | | |
| NOTE: must include a copy of your current student ID card with your application | | | |

| Signature | Date |
|-----------|----------|
| | |

Updated March 2016