

TODAY'S DATE: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Prefix: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Institutional member? ☐ yes ☐ no ☐ don't know

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

BCBA or BCABA #: \_\_\_\_\_

**Position Title/Area (✓ one that most closely applies):**

- |  |   |
|--|---|
| <input type="checkbox"/> (01) Administrator      | <input type="checkbox"/> (07) Prof/Academic   |
| <input type="checkbox"/> (02) Consultant/Trainer | <input type="checkbox"/> (08) Researcher      |
| <input type="checkbox"/> (03) Psychologist       | <input type="checkbox"/> (09) School Teacher  |
| <input type="checkbox"/> (04) Therapist          | <input type="checkbox"/> (10) Parent/Guardian |
| <input type="checkbox"/> (05) Behavior Analyst   | <input type="checkbox"/> (11) Student         |
| <input type="checkbox"/> (06) Speech/Language    | <input type="checkbox"/> (12) Other: _____    |

**Primary Discipline (✓ one that most closely applies):**

- |   |  |
|---|--|
| <input type="checkbox"/> (01) Behavior Analysis   | <input type="checkbox"/> (06) Animal Beh.  |
| <input type="checkbox"/> (02) Sp.Ed./Education    | <input type="checkbox"/> (07) Medicine     |
| <input type="checkbox"/> (03) Organizational Mgt. | <input type="checkbox"/> (08) Pharmacology |
| <input type="checkbox"/> (04) Speech Comm.        | <input type="checkbox"/> (09) Social Work  |
| <input type="checkbox"/> (05) Clinical Psych.     | <input type="checkbox"/> (10) Other: _____ |

**Primary Activity (✓ one that most closely applies):**

- |   |  |
|---|--|
| <input type="checkbox"/> (01) Admin.              | <input type="checkbox"/> (06) Research     |
| <input type="checkbox"/> (02) Consulting/Training | <input type="checkbox"/> (07) Teaching     |
| <input type="checkbox"/> (03) Speech/Language     | <input type="checkbox"/> (08) Student      |
| <input type="checkbox"/> (04) Clinical Work       | <input type="checkbox"/> (09) Retired      |
| <input type="checkbox"/> (05) Parenting           | <input type="checkbox"/> (10) Other: _____ |

**What topics would you like more info about?**

- |  |   |
|--|---|
| <input type="checkbox"/> (01) ABA strategies   | <input type="checkbox"/> (06) Mental Health |
| <input type="checkbox"/> (02) BCBA Certif.     | <input type="checkbox"/> (07) DD/Autism     |
| <input type="checkbox"/> (03) College Programs | <input type="checkbox"/> (08) Others _____  |
| <input type="checkbox"/> (04) Behav. Pharm.    | _____                                       |

**OH ABA Membership Directory Preference**

- ☐ Please publish my name and contact info in the directory.
- ☐ Please do NOT publish my name and contact info in the directory.

Updated October 2012

**Membership Categories & Requirements**

\_\_\_\_\_ An entity involved in teaching, researching, or practicing behavior analysis. The 4 complimentary individual memberships associated with this membership category must qualify for Full Membership. Additional full memberships can be purchased for \$15.

\_\_\_\_\_ An individual holding a degree in a discipline directly related to or involving behavior analysis and whose full-time professional commitment includes teaching, research, and/or practice in behavior analysis OR an individual who is a Full Member of ABAL.

\_\_\_\_\_ An individual enrolled & currently active in an academic or internship program relevant to a career in behavior analysis (but not yet gainfully employed therein) on at least a half-time basis.

- Application may require proof of enrollment in an academic degree program, internship, or residency program (e.g., letter from a faculty member).
- Student Members shall vote only for a student office(s).

\_\_\_\_\_ An individual evidencing interest in the discipline of behavior analysis but lacking formal training therein.

- Affiliate member status excludes the right to vote or hold office but includes any other privileges offered.

**Membership Categories and Fees (✓ one)**

<input type="checkbox"/> Institutional*	\$75.00
<input type="checkbox"/> Full	\$20.00
<input type="checkbox"/> Student	\$10.00
<input type="checkbox"/> Affiliate	\$5.00

**\*institutional membership application should include 4 full (complimentary) membership applications**

\_\_\_\_\_ I am a member of ABAL. Status: \_\_\_\_\_

\_\_\_\_\_ I am not a member of ABAL.

**Make checks payable to**

Mail form and payment to: