



## 2010 Membership Application

**Personal Information (Please Print):**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Affiliation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Fax Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Are you a BCBA or BCABA?    Yes    No

**Position Title (Please check the box that most closely describes your job title):**

<input type="checkbox"/> 01 Administrator	<input type="checkbox"/> 07 School Teacher
<input type="checkbox"/> 02 Consultant/Trainer	<input type="checkbox"/> 08 Student
<input type="checkbox"/> 03 Psychologist	<input type="checkbox"/> 09 Professor/Academic
<input type="checkbox"/> 04 Therapist	<input type="checkbox"/> 10 Researcher
<input type="checkbox"/> 05 Behavior Analyst	<input type="checkbox"/> 11 Speech/Language
<input type="checkbox"/> 06 Parent	<input type="checkbox"/> 12 Guardian
<input type="checkbox"/> 13 Other: _____	

**Degree Information:**

Most Recent Degree: \_\_\_\_\_  
 Year Received: \_\_\_\_\_  
 Conferring Institution: \_\_\_\_\_

**Membership Categories:**

01 Full Member  
 02 Affiliate Member  
 03 Student Member

**Requirements for Membership Categories:**

**Full Member-** must hold at least a masters degree in experimental or applied behavior analysis (ABA), be a Board Certified Behavior Analyst, have made contributions to the field of applied behavior analysis (e.g., professional publications), or hold a full time professional position that includes teaching, research and/or practice in ABA.

**Affiliate Member-** Anyone who has an interest in Applied Behavior Analysis but does not meet the requirements of a Full Member.

**Student Member-** Anyone who has an interest in Applied Behavior Analysis and is a student on at least a half-time basis. Student applications must be accompanied by an endorsement from a Full Member certifying the applicant's student status or by other documentation certifying such.

**Verification of Student Status (required for student members):**

I, \_\_\_\_\_  
 certify that \_\_\_\_\_  
 is a full-time student at \_\_\_\_\_  
 \_\_\_\_\_  
 Faculty/Full Member/Affiliate Member Sign & Date

**Membership Fee Information:**

Membership fees

Full Members	\$80
Affiliate Members	\$50
Student Members	\$30

**Payment:**

\_\_\_\_\_ Membership Fee  
 \_\_\_\_\_ Donation  
 \_\_\_\_\_ Total

**Please make checks payable to HLABA  
 Mail completed form and payment to:**

**HLABA  
 c/o Valerie Volkert  
 P.O. Box 31631  
 Omaha, NE 68131**