

# APBS Membership Form

Association for Positive Behavior Support

[www.apbs.org](http://www.apbs.org)

Mail form and payment to: APBS, PO Box 328, Bloomsburg, PA 17815

Telephone: (570) 389-4081 / Fax: (570) 389-3980

## PERSONAL INFORMATION

PREFERRED TITLE: Dr. Prof. Ms. Mrs. Mr.

LAST NAME: \_\_\_\_\_

FIRST NAME/MI: \_\_\_\_\_

ADDRESS (for JPBI/APBS Newsletter Mailing):

C/O: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_

POSTAL ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

WORK TELEPHONE (include area and/or country codes):

FAX (include area and/or country codes):

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

REFERRED BY (name of APBS member who referred you):

## METHOD OF PAYMENT

Payment acceptable by: Check or Credit Card

**Checks** must be made payable in US dollars through a US bank and submitted with this Membership Form.

CHECK # \_\_\_\_\_

**If paying by Credit Card**, we accept Visa, MasterCard, American Express and Discover.

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Verification Code (on back of card) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEMBERSHIP INFORMATION

*Fees for all membership categories include subscriptions to the APBS Newsletter and the Journal of Positive Behavior Interventions. Members may join for one year, or three years at a discounted rate.*

Member Category	One Year	Three Years
Regular Member	<input type="checkbox"/> \$80	<input type="checkbox"/> \$200
Family Member	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100
<i>(Complete Family Information Section)</i>		
Agency Member	<input type="checkbox"/> \$125	N/A
Student Member	<input type="checkbox"/> \$35	N/A
<i>(Complete Student Information Section)</i>		
Transitional Member	<input type="checkbox"/> \$50	N/A

## FAMILY INFORMATION

Immediate Family Type:

Child Adolescent Adult

Relationship to Family Member:

Parent Guardian Grandparent Sibling

Self Advocate Aunt/Uncle

Other (specify) \_\_\_\_\_

**Verification of Family Status** (to be completed by applicant)

I, \_\_\_\_\_, certify that an immediate family member has chronic or persistent challenging behavior(s) and is under my direct care.

Signature: \_\_\_\_\_

## STUDENT INFORMATION

Student Type:

High School Undergrad Masters

Doctoral Post Doc

School: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

**Verification of Student Status** (to be completed by faculty member and student)

I, \_\_\_\_\_, certify that

\_\_\_\_\_ is a full-time student,

intern or resident at \_\_\_\_\_.

Faculty Signature: \_\_\_\_\_

*Thank You*