

APBS Membership Form

Association for Positive Behavior Support

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 APBS Mailings):

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: _____

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.

If paying by **Credit Card**, please visit www.apbs.org and link to APBS Membership. We accept Visa, MasterCard, American Express and Discover.

If paying by credit card for **Family** or **Student** membership, please complete the Family or Student verification (whichever is applicable) and return this Membership Form to APBS, either via fax (570-389-3980) or USPS (to the address noted above).

Thank You

APBS is a tax exempt non-profit organization. All funds are in U.S. dollars. Overpayments and discounts not taken by the applicant will be considered donations to APBS unless a written request for a refund is received by the APBS Office.

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.

<i>Member Category</i>	<i>One Year</i>	<i>Three Years</i>
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: _____