



CONNECTICUT

Association for Behavior Analysis The Voice of Behavior Analysis in Connecticut

PO Box 138 • Milford CT • 06460-0138 • www.ctaba.org

MEMBERSHIP APPLICATION FORM

Please fill the information below and return with payment to:

CT ABA
PO BOX 138
MILFORD, CT 06460-0138
Checks may be written out to: CT ABA

Date _____
First Name _____ MI _____
Last Name _____
Title/Position _____
Organization _____
Street Address _____
City _____
State _____ Zip _____
Phone Number _____
Email _____

___ Please check if any information has changed

Have you been certified as a behavior analyst?
___ YES ___ NO

If YES, please specify: BCBA BCABA
Certificate# _____

Please indicate:
___ New Member ___ Renewing Member

Member Category

___ **Full (\$35)**

A full member is anyone holding a terminal degree in a discipline which is either directly related to or involving behavior analysis and whose full time professional commitments include teaching, research, and/or practice in behavior analysis. Full members are eligible to vote on ABA business matters and to participate in the nomination and election of officers. Please send vita and course records or a copy of BCBA certificate when requesting this for the first time. If applying for this membership please indicate:

Profession:
___ Administration
___ Clinical
___ Consulting/Staff Training
___ Teaching
___ Research
___ Retired
___ Other _____

Field:

___ Developmental Disabilities/Autism Education
___ Education
___ Mental Health/Behavior Therapy
___ Organizational Behavior
___ Brain Injury
___ School Psychology
___ Other _____

___ **Affiliate(\$25)**

An affiliate member is anyone interested in the discipline of behavior analysis but does not meet the full member requirements. Affiliate members enjoy all the benefits of membership except for the right to vote on matters of interest to the organization and the right to hold office. Those seeking this membership must send a letter of recommendation from a full member of CTABA.

___ **Student (\$10)**

Student members are full or part time undergraduate or graduate students pursuing a degree with an emphasis in behavior analysis. Student members may neither vote nor hold office. If applying for this membership, please indicate:

Degree pursuing: _____
School: _____
Area of concentration: _____

___ **Family (\$25)**

A family membership can be obtained for any family within which there is a vested interest in learning about or using the principles of behavior analysis. If applying for this membership, please indicate:

Reason for interest in CT ABA: _____
Family Members (over 18): _____
Names (over 18) _____

Note: Annual Membership expires April 1st.