

# Four Corners ABA Membership Application

P. O. Box 280583

Lakewood, CO 80228-0583

## Personal Information (Please Print):

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

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

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

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

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

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

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

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

E-Mail: \_\_\_\_\_

BCBA or BCABA Number: \_\_\_\_\_

## 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: _____       |  |

## Primary Discipline (Please check the box that most closely describes your field of study/practice):

- |   |   |
|---|---|
| <input type="checkbox"/> 01 Behavior Analysis   | <input type="checkbox"/> 05 Animal Behavior       |
| <input type="checkbox"/> 02 Education           | <input type="checkbox"/> 06 Speech/Communication  |
| <input type="checkbox"/> 03 Organizational Mgt. | <input type="checkbox"/> 07 Medicine/Pharmacology |
| <input type="checkbox"/> 04 Clinical Psychology | <input type="checkbox"/> 08 Social Work           |
| <input type="checkbox"/> 09 Other: _____        |   |

## Primary Activity (Please check the box that most closely describes how you spend the majority of your time at work):

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> 01 Administration      | <input type="checkbox"/> 05 Teaching |
| <input type="checkbox"/> 02 Consulting/Training | <input type="checkbox"/> 06 Student  |
| <input type="checkbox"/> 03 Retired             | <input type="checkbox"/> 07 Clinical |
| <input type="checkbox"/> 04 Speech/Language     | <input type="checkbox"/> 08 Research |
| <input type="checkbox"/> 09 Other: _____        |                                      |

## Degree Information:

Most Recent Degree: \_\_\_\_\_

Year Received: \_\_\_\_\_

Conferring Institution: \_\_\_\_\_

## Membership Categories and Fees:

- |  |          |
|--|----------|
| <input type="checkbox"/> 01 Supporting Full Member | \$125.00 |
| <input type="checkbox"/> 02 Full Member            | \$100.00 |
| <input type="checkbox"/> 02 Affiliate Member       | \$ 50.00 |
| <input type="checkbox"/> 03 Student Member         | \$ 25.00 |

## 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.

**Supporting Full Member** – Same as Full Member

**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:

I, \_\_\_\_\_  
certify that \_\_\_\_\_  
is a full-time student at \_\_\_\_\_

\_\_\_\_\_  
Faculty/Full Member/Affiliate Member Sign & Date

## What sort of topics would you like to learn more about?

- |   |   |
|---|---|
| <input type="checkbox"/> 01 ABA                   | <input type="checkbox"/> 07 Behavioral Pharmacology |
| <input type="checkbox"/> 02 Animal Behavior       | <input type="checkbox"/> 08 BCBA Certification      |
| <input type="checkbox"/> 03 DD/Autism             | <input type="checkbox"/> 09 Services in Area        |
| <input type="checkbox"/> 04 Mental Health         | <input type="checkbox"/> 10 Skill Acquisition       |
| <input type="checkbox"/> 05 College Programs      | <input type="checkbox"/> 11 Behavior Reduction      |
| <input type="checkbox"/> 06 Quantitative analysis | <input type="checkbox"/> 12 Other: _____            |

## Would you like to receive Four Corners- related e-mails or meeting minutes?

- |                                 |
|---------------------------------|
| <input type="checkbox"/> 01 Yes |
| <input type="checkbox"/> 02 No  |

## Payment:

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

**Please make checks payable to Four Corners ABA**

## Mail completed form and payment to:

**Four Corners ABA  
P. O. Box 280583  
Lakewood, CO 80228-0583**