

Four Corners ABA Membership and Conference Registration Form

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: _____

Do you plan to attend the Annual Conference in April?

- 01 Yes
 02 No

Membership Categories and Fees:

- | | |
|--|----------|
| <input type="checkbox"/> 01 Supporting Full Member | \$125.00 |
| <input type="checkbox"/> 02 Full Member | \$100.00 |
| <input type="checkbox"/> 03 Affiliate Member | \$ 50.00 |
| <input type="checkbox"/> 04 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 ****Must submit letter of recommendation****

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.

If you require a receipt, what type of receipt is required?

- 01 Membership Dues Paid
 02 Conference Registration Paid

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?

- 01 Yes
 02 No

Payment:

_____ Membership Fee
_____ Donation
_____ Total

Please make checks payable to Four Corners ABA

Mail completed form and payment to: Four Corners ABA PO Box 280583 Lakewood, CO 80228-0583