

The Canadian Association for Behaviour Analysis Inc.

Yes! I want to be a member of **CABA**. I understand that to become a member of CABA, I simply return this sheet with my signature, payment of membership fees, and the information requested.

Application for new membership []

Renewal membership []

Signature

Date

If new member, where did you here about CABA?

[] Colleague

[] Mailing

[] Other: _____

[] Conference/presentation

[] School

[] Internet/website

[] Workplace

1. Please **print** clearly or attach a mailing label/ business card.

Name: _____

Position: _____

Employer: _____

2. Mailing Address:

____ Home Address ____ Work Address (check one)

(The address completed may appear in the annual directory or on our website with your consent below):

Street Address: _____

City, Province/State: _____

Postal/Zip Code: _____

3. I can be contacted at:

Work Phone Number: _____

Fax Number: _____

Email Address: _____

4. Include my membership information in the 2008 CABA Membership Directory

(initial your answers) _____ Yes _____ No

Include my membership information in the 2008 CABA Web page Membership Directory

(initial your answers) _____ Yes _____ No

5. 2008 MEMBERSHIP OPTIONS:

VOTING MEMBERSHIPS Costs/Yr. Description

[] **Full \$30.00 Completed** a university/college program in a related field **and employed utilizing behaviour analysis principles** for at least **one year**.

[] **Sustaining \$75.00 Same as Full membership** status, names of Sustaining members will be noted in the CABA newsletter and 2008- Website

NON-VOTING MEMBERSHIPS Costs/Yr. Description

[] **Student \$20.00** Registered **full-time** in a college or university program in a related field.

[] **Affiliate \$20.00** Do not meet requirements, but interested in supporting CABA.

All memberships are valid until **December 31, 2008**. Check your membership option and include payment. Make cheque or money order payable to: **Dr. James Porter, President, CABA, 4305 Fairview St., Suite 348, Burlington, Ontario, L7L 6E8**

**NSF cheques will be charged a \$15.00 administrative fee
Please be advised that it could take up to 3 months to cash cheques.**

EDUCATION:

Level completed Grad. Year Program Title/Name Educational Institution

- Diploma
- B.A./B.Sc.
- Hons B.A.
- M.A./M.Ed.
- Ph.D.
- Other

(Currently a Student:) Program Title/Name Educational Institution

- Full-time
- Part-time (1)

(1) need to be a Full-time student to be eligible for a student membership.

CURRENT OCCUPATION:

You are employed: Full Time Part Time Both

You work in: Public Service Private Practice Both

Your primary population:

- Acquired Brain Injury Autism Other: _____
- Developmental Disabilities Geriatrics Mental Health
- Implementing ABA Designing ABA Treatments
- Supervising ABA Clinicians Research in ABA Teaching ABA (education)
- Training ABA (mediators)

Your primary work: (>50%) (maximum of 2 selections)

Administration Not related to ABA Other: _____

Total number of years implementing ABA: _____ years (2)

(2) Must have been implementing ABA for a minimum of 1 year to be eligible for a Full or Sustaining membership.

WORKING WITH CABA:

Are you interested in participating on any CABA Committee? _____ YES _____ NO

- recruitment
- membership
- newsletter
- website

Office Use Only:

Date Received: _____ Date Package was Sent Out: _____

Date Entered Into Database: _____