IN-ABC

Indiana Association of Behavioral Consultants

www.inabc.org

Through professional advocacy, support and development, IN-ABC promotes effective, ethical and quality behavioral services.

2010 Membership Application

Section 1: Type of Membership

_____ **Corporate Membership: Level 1 ($400 per year)**

_____ **Corporate Membership: Level 2 ($600 per year)**

_____ **Professional Membership ($100 per year)**

_____ **Retiree Membership: ($250 lifetime)**

_____ **Student Membership: ($50 per year)**

You may utilize the convenience of PayPal via the website: www.inabc.org

As you complete the following, please PRINT clearly-thank you!

Section 2: About your Organization

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Agency Web Site:

_____

Main Phone: _____ FAX: _____

Subsidiary? _____ Yes Of? _____
(please list parent organization)

_____ No

Section 3: Who are your Clients?

Total number of clients receiving behavioral supports via Waiver funding: _____

Total number of clients receiving behavioral supports via state-line funding: _____

Total number of clients receiving behavioral supports via other funding: _____

List counties within Indiana served by your behavioral supports (if all counties check "State Wide"): _____ State Wide

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Section 4: Who are your Staff?

	Name	E-mail Address
Chief Executive Officer		
Membership Contact		

Current Consultants Employed by your Agency: E-mail Address
*add additional page 2 as needed

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_____

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_____

_____ YES _____ NO include all Consultants on INABC email correspondence

**remember to email Susanne Bauer changes to this list throughout the year

Section 5: Your Interest in the Association

What is the main reason you decided to pursue IN ABC Membership?

_____

_____

_____

Understand as a member of Indiana Association of Behavioral Consultants that you are responsible to read and recognize the Professional Code of Ethics. You will also distribute the information to all employees listed in Section 4 of this application. The complete code is found on the website at www.inabc.org.

_____ I have read and agree to support and uphold INABC's Mission and Code of Ethics.

Signature of CEO or Individual Member:

_____

Printed Name: _____ Date: _____

Mail the completed application and 2010 membership dues to:

Susanne Bauer, IN-ABC Secretary
5155 Little Flock Rd.
Spencer, IN 47460
Email: srbauer@bluemarble.net