

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.

2012 Membership Application

Section 1: Type of Membership

- Corporate Membership: Level 1 (\$500 per year)
 Corporate Membership: Level 2 (\$1000 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



Section 4: Who are your Staff?

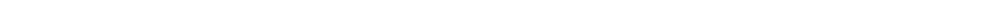
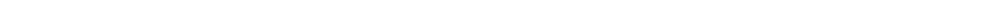
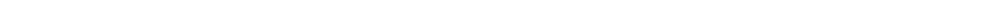
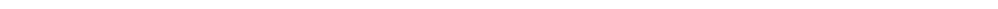
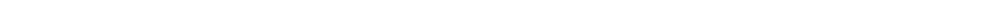
	Name	E-mail Address
Chief Executive Officer		



Membership Contact



Current Consultants Employed by your Agency: *add additional page 2 as needed	E-mail Address
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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 2012 membership dues to:

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