



# Florida Association for Behavior Analysis Membership Application Form

ALL MEMBERS AGREE TO ABIDE BY THE BACB CODE OF ETHICS.  
BE SURE TO REVIEW THE DOCUMENT AT WWW.BACB.COM

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ BCBA/BCaBA Certificate # (if applicable) \_\_\_\_\_

Highest Degree \_\_\_\_\_ Year Conferred \_\_\_\_\_ Major Area \_\_\_\_\_

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

Affiliation \_\_\_\_\_ Primary Discipline \_\_\_\_\_

Current Certification (circle one) BCBA BCABA FL CBA Year Certified \_\_\_\_\_

### Please Indicate Membership Category:

- Sustaining Member \$100
- Professional Full Member (PhD/EdD) \$50
- Professional/Full Member (MS/MA) \$35
- Professional/Full Member (BS/BA) \$25
- Professional/Full Member Non-Degree \$15
- Direct Care/Staff \$15
- Parent \$15
- Student \$15

One goal of the FABA Executive Committee is to provide you with access to other behavior analysts as well as information regarding training, educational, job and research opportunities plus related products and services. To achieve this goal, FABA may provide your name and address to other individuals and organizations via the FABA Membership Directory. Note: This does not imply FABA endorsement.

- Yes, include me in the FABA Membership Directory.
- No, do not include me in the FABA Membership Directory.

Please Indicate Membership Year Applied For:

- September 2009-August 2010
- September 2010-August 2011

Please note: The FABA membership year begins 9/1 and ends 8/31

Membership Dues \$ \_\_\_\_\_

Optional FABA PAC (Political Action Committee) Donation (\$25 suggested) \$ \_\_\_\_\_

Total enclosed \$ \_\_\_\_\_

Make checks payable to "FABA." To pay with VISA, MasterCard or Discover, complete section below.

Name (as it appears on card): \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Type: VISA MC DISC Expiration Date: \_\_\_\_\_ 3 digit code on back of card: \_\_\_\_\_

Billing address: \_\_\_\_\_

Mail completed application and payment to FABA Membership, 1580 N. Monroe St. Bldg. C #16,  
Tallahassee, FL 32303  
OR Fax to 850-222-0844

Questions? Email us at <members@fabaworld.org> or call (850) 222-2332