



**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: \_\_\_\_\_

**A list of all affiliated consultants, along with their email address, is necessary for the purposes of CEU session attendance verification PRIOR to issuance of CEU certificates.**

**If your agency employs numerous consultants, please feel free to attach a printed list or spreadsheet with all names and emails, otherwise, use the lines below.**

**A complete list may also be emailed to Kim Adkins @ [kadkins@opgrowth.com](mailto:kadkins@opgrowth.com) (and/or) Liz Wriighthouse @ - [lwriighthouse@insightsonline.net](mailto:lwriighthouse@insightsonline.net)**

Consultants Employed by your Agency:

E-mail Address:

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*Indiana Association of Behavior Consultants - Membership Application*

Include all Consultants on IN-ABC email correspondence? \_\_\_\_ YES \_\_\_\_ NO

**\*\*please email Kim Adkins – [kadkins@opgrowth.com](mailto:kadkins@opgrowth.com) – with changes as they occur this year.**

**Section 5: Your Interest in the Association**

What is the main reason you decided to pursue INABC Membership:

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Please understand that as a member of Indiana Association of Behavioral Consultants, you are responsible to read and recognize the INABC Professional Code of Ethics. You are also expected to distribute the information to all employees listed in Section 4 of this application. The complete Code of Ethics may be found on the association website at – **[www.inabc.org](http://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, or renewal, along with your membership dues to:**

Liz Wriighthouse, INABC Treasurer, P.O. Box 311, Attica, IN 47918  
[lwriighthouse@insightsonline.net](mailto:lwriighthouse@insightsonline.net)