

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

## **Annual Membership Application**

Section	on 1: Type of Membership (choose one)
	Corporate Membership: Level 1 (6-15 Consultants) \$600 per year
	Corporate Membership: Level 2 (16-25 Consultants) \$1100 per year
	Corporate Membership: Level 3 (26+ Consultants) \$1600 per year
	Professional Membership: \$100 per year
	Retiree Membership: \$250 lifetime
	Student Membership: \$50 per year (available to individuals not yet providing Behavior Management Services)
You n	nay utilize the convenience of PayPal via the website: www.inabc.org
	As you complete the following, please PRINT clearly-thank you!
Section	on 2: About your Organization
Agen	cy Name:
Mailir	ng Address:
City:	County: State: Zip:
-	ease note that your contact address will be listed within the INABC.org directory unspecifically requested otherwise $stst$
Agen	cy Web Site:
Main	Phone: FAX:
Subsi	diary? 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:
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 (and/or) Liz Wrighthouse @ - lwrighthouse@insightsonline.net
Consultants Employed by your Agency: E-mail Address:

Include all Consultants on IN-ABC email correspondence? YES NO	
**please email Kim Adkins - kadkins@opgrowth.com - with changes as they occur this ye	ear.
Section 5: Your Interest in the Association	
What is the main reason you decided to pursue INABC Membership:	
Please understand that as a member of Indiana Association of Behavioral Consultants, you responsible to read and recognize the INABC Professional Code of Ethics. You are also expet to distribute the information to all employees listed in Section 4 of this application. The couplete Code of Ethics may be found on the association website at – www.inabc.org.	ected
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 Wrighthouse, INABC Treasurer, P.O. Box 311, Attica, IN 47918 lwrighthouse@insightsonline.net