

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

Annual Membership Application

Section 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 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 y	our Organization			
Agency Name:				
Mailing Address:				
City:	County:	State:	Zip:	
** please note that less specifically red			ithin the INA	BC.org directory un-
Agency Web Site:				
Main Phone:		EAV		
		_ FAA		

Indiana Association of Behavior Consultants - Membership Application

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: _____

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 @ - liz.wrighthouse@viaquestinc.com

Consultants Employed by your Agency:	E-mail Address:
Include all Consultants on IN-ABC email co	orrespondence?YESNO

*please email Kim Adkins - 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:

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.

_____ 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 liz.wrighthouse@viaquestinc.com