

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:
Section 4: Who are your Staff?  Name	E-mail Address
Chief Executive Officer:	
Membership Contact:	
, 9	th their email address, is necessary for the ication PRIOR to issuance of CEU certificates.
	tants, please feel free to attach a printed list or therwise, use the lines below. A complete list C Secretary @ kadkins@opgrowth.com
Consultants Employed by your Agency:	E-mail Address:
Include all Consultants on IN-ABC email cor	respondence? YES NO
*please email Kim Adkins - kadkins@opgre	owth.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 Consultaresponsible to read and recognize the INABC Professional Code of Ethics. You are to distribute the information to all employees listed in Section 4 of this application plete Code of Ethics may be found on the association website at - www.inabc.org	also expected n. The com-
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:

Amanda Fluck, INABC Treasurer c/o STRIDE Counseling and Behavioral Services 6223 Constitution Drive Fort Wayne, IN 46808

ahudsonbc@gmail.com