

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 Consultants, yo responsible to read and recognize the INABC Professional Code of Ethics. You are also ex to distribute the information to all employees listed in Section 4 of this application. The oplete Code of Ethics may be found on the association website at – www.inabc.org.	pected
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 INARC Tracquirer	

Amanda Fluck, INABC Treasurer 2340 Plateau Point

Fort Wayne, IN 46808

ahudsonbc@gmail.com