

# Ontario Association for Behaviour Analysis Inc. 2010 Membership Form

[ ] Renewal from 2009      [ ] Renewal from 2008 or before      [ ] Application for new Membership

<p><b>Yes!</b> I want to be a member of <b>ONTABA</b>, an affiliate chapter of the Association for Behavior Analysis International (ABA). I understand that to become a member of ONTABA, I simply return this sheet with my signature, payment of membership fees, and the information requested. I understand that becoming a member of ONTABA in no way obligates me to join ABA International. <b>Please note that when advertising services (e.g. clinical work, consultation, and workshops), members of ONTABA will refrain from using the ONTABA name and/or logo without expressed written permission of the ONTABA board of directors and a formal written co-sponsorship agreement.</b></p>	<p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>
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<b>If new member, where did you here about ONTABA?</b>		
[ ] Colleague	[ ] Mailing	Other: _____
[ ] Conference/presentation	[ ] School	
[ ] Internet/website	[ ] Workplace	

Please **print** clearly or attach a mailing label/ business card.

Name	
Position	
Employer	
Mailing Address	<input type="checkbox"/> Home Address <input type="checkbox"/> Work Address      (check one)
Street Address	<small>(The address completed may appear in the annual directory or on our website with your consent below):</small>
City, Province/State	
Postal/Zip Code	

**I can be contacted at:**

Work Phone Number	
Fax Number	
Email Address	

**Privacy**

Please check the fields that you would like to omit from the members directory

First Name     Last Name     Position     Employer     Street Address     City   
 State     Zip Code     Phone     Fax     Email Address

<p><b>Include my membership information listed above in the (initial your answers)</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #e0e0e0; padding: 2px;">ONTABA Website for 2010</th> </tr> <tr> <td style="width: 50%; padding: 2px;">_____ Yes</td> <td style="width: 50%; padding: 2px;">_____ No</td> </tr> </table>	ONTABA Website for 2010		_____ Yes	_____ No
ONTABA Website for 2010					
_____ Yes	_____ No				

**2010 MEMBERSHIP OPTIONS:**

Check your membership option and include payment. Make cheque or money order payable to: **TREASURER, ONTABA**. NSF cheques will be charged a \$15.00 administrative fee and please be advised that it could take up to 3 months to cash cheques and send confirmation of membership.

<b>VOTING MEMBERSHIPS</b>	<b>Fee for 1 year</b> (Membership Expires Dec. 31, 2010)	<b>Fee for 3 years</b> (15% discount) (Membership Expires Dec. 31, 2012)	<b>Description</b>
<input type="checkbox"/> Full	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$76.50	<b>Completed</b> a university/college program in a related field <b>and employed utilizing behaviour analysis principles</b> for at least <b>one year</b> .
<input type="checkbox"/> Sustaining	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$191.25	<b>Same as Full membership</b> status, names of Sustaining members will be noted in the ONTABA newsletter.
<input type="checkbox"/> Emeritus	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$76.50	<b>Same as Full membership except must be over age 65 with proof of age.</b> Names of Emeritus members will be noted in the ONTABA newsletter.

<b>NON-VOTING MEMBERSHIPS</b>	<b>Fee for 1 year</b> (Membership Expires Dec. 31, 2010)	<b>Description</b>
<input type="checkbox"/> Full Time Student	<b>\$20.00</b>	Registered <b>full-time</b> in a college or university program in a related field. Please note you must provide a signature from a Faculty member of your University/College that indicates your <b>full-time</b> student status. If applying online, an email to ONTABA directly from a Faculty member will be accepted.  I certify the applicant is a full time student at the College/University listed below.  Faculty Member name: _____ University/College: _____ Faculty Member signature: _____ Date: _____
<input type="checkbox"/> Affiliate	<b>\$20.00</b>	Do not meet requirements, but interested in supporting ONTABA.

Are you currently a member of ABA International?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
You are interested in becoming a member of ABA International?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

## **EDUCATION:**

Level completed	Grad. Year	Program Title/Name	Educational Institution
<input type="checkbox"/> Diploma			
<input type="checkbox"/> B.A./B.Sc.			
<input type="checkbox"/> Hons B.A.			
<input type="checkbox"/> M.A./M.Ed.			
<input type="checkbox"/> Ph.D.			
<input type="checkbox"/> Other			

  

(Currently a Student:)	Program Title/Name	Educational Institution
<input type="checkbox"/> Full-time		
<input type="checkbox"/> Part-time <sup>(1)</sup>		

<sup>(1)</sup> need to be a Full-time student to be eligible for a student membership.

## **CURRENT OCCUPATION:**

<b>You are employed:</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Both
<b>You work in:</b>	<input type="checkbox"/> Public Service	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Both
<b>Your primary population:</b>	<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Mental Health
	<input type="checkbox"/> Autism	<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Other: _____
<b>Your primary work:</b> ( <sup>&gt;50%</sup> maximum of 2 selections)	<input type="checkbox"/> Implementing ABA	<input type="checkbox"/> Designing ABA Treatments	<input type="checkbox"/> Supervising ABA Clinicians
	<input type="checkbox"/> Research in ABA	<input type="checkbox"/> Teaching ABA (education)	<input type="checkbox"/> Training ABA (mediators)
	<input type="checkbox"/> Administration	<input type="checkbox"/> Not related to ABA	<input type="checkbox"/> Other: _____
<b>Are you a certified Behavior Analyst or Assistant Behavior Analyst?</b>	<input type="checkbox"/> Yes If yes, please indicated at what level: <input type="checkbox"/> BCBA <input type="checkbox"/> BCaBA <input type="checkbox"/> BCBA-D	<input type="checkbox"/> No	<input type="checkbox"/> In the process of becoming certified
<b>Total number of years implementing ABA: _____ years <sup>(2)</sup></b>			

<sup>(2)</sup> Must have been implementing ABA for a minimum of 1 year to be eligible for a Full or Sustaining membership.

## **WORKING WITH ONTABA:**

Are you interested in participating on any ONTABA Committee? \_\_\_\_\_ YES \_\_\_\_\_ NO

<input type="checkbox"/> awards	<input type="checkbox"/> recruitment	<input type="checkbox"/> public policy
<input type="checkbox"/> conference	<input type="checkbox"/> membership	<input type="checkbox"/> website
<input type="checkbox"/> elections	<input type="checkbox"/> newsletter	

<p><b><u>Mailing Address:</u></b>            ONTABA, Membership Committee            283 Danforth Ave., Suite 413            Toronto, ON M4K 1N2</p>	<p><i>Thank you,            for renewing your membership with            ONTABA,            or for joining for the very first time!</i></p>
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### **Office Use Only:**

Date Received	
Payment Method	
Date Processed on Website	
Date Package was Sent Out	