

The Ontario Association for Behaviour Analysis Inc.

Membership Form: 2008

Renewal []
Application for new membership []

Yes! I want to be a member of **ONTABA**, 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.

Signature

Date

If new member, where did you here about ONTABA?

[] 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) (The address completed may appear in the annual directory or on our website with your consent below):
Street Address	
City, Province/State	
Postal/Zip Code	

I can be contacted at:

Work Phone Number	
Fax Number	
Email Address	

Include my membership information in the
(initial your answers)

2008 Membership Directory		ONTABA Website for 2008	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2008 MEMBERSHIP OPTIONS:

All memberships are valid until **December 31, 2008**. 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.

VOTING MEMBERSHIPS	Costs/Yr.	Description
[X] Full	\$30.00	Completed a university/college program in a related field and employed utilizing behaviour analysis principles for at least one year .
[] Sustaining	\$75.00	Same as Full membership status, names of Sustaining members will be noted in the ONTABA newsletter.

NON-VOTING MEMBERSHIPS	Costs/Yr.	Description
<input type="checkbox"/> Student	\$20.00	Registered full-time in a college or university program in a related field.
<input type="checkbox"/> Affiliate	\$20.00	Do not meet requirements, but interested in supporting ONTABA.

Are you currently a member of ABA International?

Yes

No

You are interested in becoming a member of ABA International?

Yes

No

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:)

- Full-time
 Part-time ⁽¹⁾

Program Title/Name	Educational Institution

⁽¹⁾ need to be a Full-time student to be eligible for a student membership.

CURRENT OCCUPATION:

You are employed:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Both
You work in:	<input type="checkbox"/> Public Service	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Both
Your primary population:	<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: _____
Your primary work: (^{>50%} 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: _____
Total number of years implementing ABA: _____ years ⁽²⁾			

⁽²⁾ 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><u>Mailing Address:</u> ONTABA, Membership Committee c/o Amy Barker, ABI Behaviour Services West Park Healthcare Centre 82 Buttonwood Ave., Toronto, ON, M6M 2J5</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	
Meets Membership Category Criteria	
Payment Method	
Date Package was Sent Out	
Date Entered Into Database	
Date Payment Sent to Treasurer	