| Membership Application | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | |
| Last Name: | | | | | First Name: | | | |
| Affiliation: | | | | | | | | |
| Current address: | | | | | | | | |
| City: | | | | State: | | ZIP Code: | | |
| Phone: | | | | Email: | | BCBA or BCaBA #: | | |
| Position TitlePlease check all that most closely describe your title | | | | | | | | |
| \_\_\_ Administrator  \_\_\_ Assistant Behavior Analyst  \_\_\_ Behavior Analyst  \_\_\_ Behavior Technician | | | | \_\_\_ Consultant  \_\_\_ Guardian  \_\_\_ Parent  \_\_\_ Professor / School Teacher | | \_\_\_ Psychologist  \_\_\_ Speech/Language  **\_\_\_** Student  **\_\_\_** Other: | | |
| Membership Categories and Requirements | | | | | | | | |
| Full Member | Requirements: Any individual holding a graduate degree in a discipline directly related to or involving behavior analysis and whose professional commitment includes teaching, research, and/or practice in behavior analysis may apply for membership in this category. Full members may vote on membership decisions of the chapter and hold any office. | | | | | | | |
| Affiliate Member | Requirements: Any member evidencing interest in the discipline of behavior analysis, but lacking graduate-level formal training therein, may apply for this class of membership.  Affiliate members may hold the representative-at-large office. | | | | | | | |
| Student | Requirements: Any individual pursuing formal training in the discipline of behavior analysis but not yet gainfully employed therein on at least a half-time basis may apply for membership in this category. Such application must be accompanied by documentation certifying the applicant’s student status.  Student members may hold the representative-at-large office. | | | | | | | |
| Degree | | | | | | | | |
| Degree: | | | | | | | | |
| Year Received: | | | | | Conferring Institution: | | | |
| Payment | | | | | | | | |
| Full Member | | $50 | Check Payable to NEABA | | | | | Online via website |
| Affiliate Member | | $25 | Credit Card Information | | | | | |
| Student Member | | $25 | Name on Card: | | | | | |
| Donation | | $ | Card Number: | | | | CVC# | |
| Total | | $ | Expiration Date: | | | | Zip Code:  (associated with card) | |
| **Sign and Date:** | | | | | | | **Please email or mail form and/or check.**  NEABA  15911 Newport Avenue  Omaha, NE 68116  Nebraskaaba@gmail.com | |