



MEMBERSHIP APPLICATION FORM

Please fill the information below and return with payment to:

CCCD
925 Bridgeport Avenue
Milford, CT 06460
Att: Judy Palazzo

Checks may be written out to:
CTABA c/o CCCD Inc.

Date _____

First Name _____ MI _____

Last Name _____

Title/Position _____

Organization _____

Street Address _____

City _____

State _____ Zip _____

Phone Number _____

Email _____

Please check if any information has changed

Have you been certified as a behavior analyst

YES

NO

If YES, please specify: BCBA BCABA

Certificate# _____

Please indicate:

New Member

Renewing Member

MEMBER CATEGORY

Full (\$35)

A full member is anyone holding a terminal degree in a discipline which is either directly related to or involving behavior analysis and whose full time professional commitments include teaching, research, and/or practice in behavior analysis. Full members are eligible to vote on ABA business matters and to participate in the nomination and election of officers. Please send vita and course records or a copy of BCBA certificate when requesting this for the first time.

If applying for this membership please indicate:
Profession:

Administration

Clinical

Consulting/Staff Training

Teaching

Research

Retired

Other _____

Field:

Developmental Disabilities/Autism Education

Education

Mental Health/Behavior Therapy

Organizational Behavior

Brain Injury

School Psychology

Other _____

Affiliate(\$25)

An affiliate member is anyone interested in the discipline of behavior analysis but does not meet the full member requirements. Affiliate members enjoy all the benefits of membership except for the right to vote on matters of interest to the organization and the right to hold office. Those seeking this membership must send a letter of recommendation from a full member of CTABA.

Student (\$10)

Student members are full or part time undergraduate or graduate students pursuing a degree with an emphasis in behavior analysis. Student members may neither vote nor hold office.

If applying for this membership, please indicate:

Degree pursuing: _____

School: _____

Area of concentration: _____

Family (\$25)

A family membership can be obtained for any family within which there is a vested interest in learning about or using the principles of behavior analysis.

If applying for this membership, please indicate:

Reason for interest in CT ABA: _____

Family Members (over 18): _____

Names (over 18) _____

Note: Annual Membership expires April 1st.