



ASSOCIATION FOR POSITIVE BEHAVIOR SUPPORT

# APBS Membership Form

Association for Positive Behavior Support

[www.apbs.org](http://www.apbs.org)

Telephone: (570) 441-5418

Email form to [crystal.andrezze@apbs.org](mailto:crystal.andrezze@apbs.org)  
Or mail form and payment to:  
APBS, PO Box 328  
Bloomsburg, PA 17815

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_

First Name/MI: \_\_\_\_\_

Address: \_\_\_\_\_

Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

(include area and/or country codes)

E-Mail: \_\_\_\_\_

## MEMBERSHIP INFORMATION

See "Definitions of Membership Categories" for help in determining your membership choice.

Member Category	One Year	Three Years
Professional Member	<input type="checkbox"/> \$80	<input type="checkbox"/> \$200
Family Member	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100
Family/Professional Member	<input type="checkbox"/> \$80	<input type="checkbox"/> \$200
Agency Member	<input type="checkbox"/> \$175	N/A
Agency Name: _____		
Student Member	<input type="checkbox"/> \$35	N/A
(Complete Student Information Section)		
Transitional Member*	<input type="checkbox"/> \$50	N/A

\*To register for Transitional Membership, please contact Crystal Andrezze at [crystal.andrezze@apbs.org](mailto:crystal.andrezze@apbs.org).

I verify that I meet the eligibility criteria for the membership category selected above.

Signature: \_\_\_\_\_

## METHOD OF PAYMENT

Payment acceptable by:  Credit Card  Check # \_\_\_\_\_  PO

If paying by Credit Card, we accept Visa or MasterCard.

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

3-digit VC (on back of card) \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check must be made payable in US dollars through a US bank and submitted with this Membership Form.

Purchase Order must include a valid PO# and be submitted with this Membership Form.

PO# \_\_\_\_\_

## DEFINITIONS OF MEMBERSHIP CATEGORIES

**Professional Member:** Professional in Human Services, Mental Health Services, P-12 Education, or Higher Education working to advance the practice of positive behavior support, PBIS, or MTSS in the home, community, and/or school settings

**Family Member:** Parent, guardian, sibling, grandparent, or self-advocate **not** working professionally in the fields of positive behavior support, PBIS, or MTSS, who is interested in learning more about positive behavior support in home, community, and/or school settings to help self/family member succeed

**Family/Professional Member:** Professional who otherwise meets the definition of Family Member

## STUDENT INFORMATION

Student Type:

- High School (full-time)  Undergrad (full-time)  
 Masters (50% or greater)  Doctoral (50% or greater)  Post Doc

School: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION (required)

For the section below, please check only one response:

### 1) Affiliation

- Human Services  Early Childhood  K-12 Education  
 Higher Education  Student  Family  
 Consumer  Other \_\_\_\_\_

For the following three sections, check as many responses as you wish:

### 2) Area(s) of Emphasis

- Community/Agency Positive Behavior Support  
 Program-wide Positive Behavior Support  
 School-wide Positive Behavior Support  
 Family Positive Behavior Support  
 Other \_\_\_\_\_

### 3) Level(s) of Emphasis

- Universal Prevention and Promotion  
 Targeted Services and Support  
 Individual-intensive Services and Supports  
 Research  
 Training/Professional Development  
 Other \_\_\_\_\_

### 4) Population(s) of Emphasis

- Autism  Traumatic Brain Injury  
 Developmental Disabilities  General/Broader Populations  
 Populations Receiving Services and Supports from Juvenile Justice  
 Populations Receiving Mental Health Support  
 Populations Receiving Service and Supports from Child Welfare  
 Populations Receiving Service and Supports from Drug and Alcohol Programs  
 Ages 0-5 (PK)  Ages 6-21 (K-12 School age)  
 Ages 22-64  Age 65 and above (Senior Citizens)