



ASSOCIATION FOR POSITIVE BEHAVIOR SUPPORT

# APBS Membership Form

Association for Positive Behavior Support

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

Mail form and payment to:

APBS, PO Box 328, Bloomsburg, PA 17815

Telephone: (570) 441-5418

## PERSONAL INFORMATION

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

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

Address (for JPBI/APBS Newsletter Mailing):  
\_\_\_\_\_  
\_\_\_\_\_

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"/> \$125	N/A

Agency Name: \_\_\_\_\_

Student Member  \$35 N/A

(Complete Student Information Section)

Transitional Member\*  \$50 N/A

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

## METHOD OF PAYMENT

Payment acceptable by:  Check  Credit Card  PO

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

CHECK # \_\_\_\_\_

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

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 \_\_\_\_\_

## 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:** Individual who meets both the definition of Professional and 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: \_\_\_\_\_

**Verification of Student Status** (to be completed by applicant)

I certify that I am a student as noted above.

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

## 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  Ages 65 and above (Senior Citizens)