



APBS Membership Form

Association for Positive Behavior Support

www.apbs.org

Telephone: (570) 441-5418

Email form to 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 (for JPBI/APBS Newsletter Mailing): _____

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"/> \$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.

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)