



# ASSOCIATION FOR POSITIVE BEHAVIOR SUPPORT

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Agency	\$175
Family - 1 Year	\$35
Family - 3 Year	\$100
Professional - 1 Year	\$80
Professional - 3 Year	\$200
Student	\$80
Family/Professional - 1 Year	\$200
Family/Professional - 3 Year	\$35

Have you been an APBS Member Before? Yes  No

Interested in learning more about APBS Networks? Yes  No

Interested in learning more about APBS Committees? Yes  No

## Student Membership Only

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

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

**Primary Affiliation\***

Behavioral Consultation / Individual  
 Facilitation / Crisis Intervention  
 Early Childhood  
 Family  
 Family Member  
 Family Professional  
 Higher Education  
 Human Services  
 Independent / Residential / Family  
 Professional Living Support  
 K-12 Education  
 Mental Health / Substance Abuse / Dual  
 Diagnosis  
 Student (K-12/Undergraduate/Graduate)  
 Transition Planning / Employment  
 Student  
 Consumer  
 Other \_\_\_\_\_

**Secondary Affiliation\***

Human Services  
 Early Childhood  
 K-12 Education  
 Family Professional  
 Student (K-12/Undergraduate/Graduate)  
 Higher Education  
 Family Member  
 Behavioral Consultation / Individual  
 Facilitation / Crisis Intervention  
 Independent / Residential / Family  
 Professional Living Support  
 Mental Health / Substance Abuse / Dual  
 Diagnosis  
 Family  
 Transition Planning / Employment  
 Consumer  
 Independent / Residential / Family  
 Professional Living Support  
 Elder Care / Dementia  
 Other

**Area(s) of Emphasis**

- Community/Agency PBS
- Program-wide PBS (Early Childhood)
- Facility-wide PBS (JJ/Residential)
- School-wide PBS
- Class-wide PBS
- Family-wide PBS
- Program-wide PBS
- Family PBS
- Family PBS-wide PBS (JJ/Residential)
- Program-wide PBS (Early Childhood)
- Other \_\_\_\_\_

**Level(s) of Emphasis**

- Universal prevention & promotion (Tier 1)
- Targeted services & supports (Tier 2)
- Individual/intensive services & supports (Tier 3)
- Research
- Training/PD
- Individual-intensive services & supports (Tier 3)
- Other \_\_\_\_\_

**Population(s) of Emphasis**

- Autism
- TBI
- IDD (Intellectual and Developmental Disabilities)
- Populations receiving services & supports from juvenile justice
- Populations receiving mental health supports
- 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 care)
- General/Broader Populations
- Specific disability
- Populations receiving services and supports from drug and alcohol programs
- Populations receiving service & supports from child welfare
- Other\_\_\_\_\_

**Professional Affiliation or Credentials**

- Behavior Analyst
- Psychologist
- School Psychologist
- Social Worker
- School Counselor
- Mental Health Counselor
- Speech Pathologist
- Educator: Teacher
- Educator: Paraeducator
- Educator: Administrator
- Agency: Administrator
- Agency: Direct Support Professional
- Agency: Program Manager
- Mental Health Provider
- State/District Leader
- Other\_\_\_\_\_

Is your primary spoken language English? Yes  No

What is your primary language? \_\_\_\_\_

**Please complete this section if you live in the United States**

**Gender Identity**

- None
- Female
- Male
- Non-Binary
- Another not listed
- Prefer not to answer

**Ethnicity/Race**

- African American/Black
- Asian
- Hispanic/Latinx
- Middle Eastern or North African
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- White
- Something else not listed
- Prefer not to answer



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