



ASSOCIATION FOR POSITIVE BEHAVIOR SUPPORT

First Name: _____ Last Name: _____

Organization: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

- | | | |
|--------------------------|------------------------------|-------|
| <input type="checkbox"/> | Agency | \$175 |
| <input type="checkbox"/> | Family - 1 Year | \$35 |
| <input type="checkbox"/> | Family - 3 Year | \$100 |
| <input type="checkbox"/> | Professional - 1 Year | \$80 |
| <input type="checkbox"/> | Professional - 3 Year | \$200 |
| <input type="checkbox"/> | Student | \$80 |
| <input type="checkbox"/> | Family/Professional - 1 Year | \$200 |
| <input type="checkbox"/> | 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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