



## HKABA Membership Application Form

Please print, fill in the information below, and send the completed form and payment to **27/A, Villa D'Arte, 55 Wun Sha Street, Tai Hang, Hong Kong.**

Personal Information	
Given name(s):	Last name:
Title/Position:	
Organization:	
Telephone #:	Email Address:
Current Mailing Address:	
Membership Information	
This is a:	<input type="checkbox"/> New HKABA Membership <input type="checkbox"/> HKABA Membership Renewal
Are you currently certified as a behavior analyst? If so, please check one:	<input type="checkbox"/> BCBA <input type="checkbox"/> BCaBA
Are you currently a member of: (please check all that apply)	<input type="checkbox"/> The Association for Behavior Analysts - International <input type="checkbox"/> The Association of Professional Behavior Analysis
Membership Category:	<input type="checkbox"/> <b>Full (\$300)</b> – anyone holding a terminal degree in a discipline which is directly related to or involving behavior analysis and whose full-time professional commitments include teaching, research and/or practice in behavior analysis OR anyone engaged on a full-time basis in any profession or vocation that utilizes the principles or procedures of behavior analysis. <input type="checkbox"/> <b>Affiliate (\$200)</b> – Anyone interested in the discipline of behavior analysis but who lacks formal training. Affiliate members enjoy all the benefits of membership except for the right to vote on matters of interest to the organization and the right to hold office. <input type="checkbox"/> <b>Student (\$100)</b> – anyone pursuing formal training in the discipline of behavior analysis but who is not yet gainfully employed therein on at least a half-time basis. Student members may neither vote nor hold office. <input type="checkbox"/> <b>Family (\$100)</b> – can be obtained for any family within which there is a vested interest in learning about or using the principles of behavior analysis. This may include, but is not limited to, families in which there is a member with a developmental disability.



If applying for a full or an affiliate membership, please check all that apply:	
Primary professional activity:	<input type="checkbox"/> Administration <input type="checkbox"/> Consulting/Staff training <input type="checkbox"/> Clinical <input type="checkbox"/> Other (please specify): <span style="float: right;"> <input type="checkbox"/> Research  <input type="checkbox"/> Teaching  <input type="checkbox"/> Retired         </span>
Primary field of discipline:	<input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Organizational behavior management <input type="checkbox"/> Education/Special Education <input type="checkbox"/> Mental Health/Behavior Therapy <input type="checkbox"/> Other (please specify): <span style="float: right;"> <input type="checkbox"/> Head Injury  <input type="checkbox"/> Training  <input type="checkbox"/> School Psychology  <input type="checkbox"/> Autism         </span>
If applying for a student membership, please complete the following:	
Degree pursuing:	
School/Institution:	
Major/Area of concentration:	
If applying for a family membership, please complete the following:	
Reason for interest in HKABA:	
Number of family members:	
<b>***All memberships begin on April 1<sup>st</sup> and end on March 31<sup>st</sup> and can last up to 2 years. Any postmarked membership follows the same schedule. ***</b>	
Dues payment enclosed: (please make check payable to "Hong Kong Association Of Behavior Analysis")	\$
Check number:	
Signature:	Date: (MM/DD/YYYY)
<b>Yvonne So, 27/A, Villa D'Arte, 55 Wun Sha Street, Tai Hang, Hong Kong.</b>	
Office Use Only: <input type="checkbox"/> Check Rec. <input type="checkbox"/> Check Banked <input type="checkbox"/> Approved <input type="checkbox"/> Complete	