

# GABA Membership Form

Phone: 404-314-2456

Fax: 770-986-8108

Address: 3919 Ashford Dunwoody Rd  
Atlanta, GA 30319-1834

## Personal Information (Please Print):

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

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

Affiliation: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

BCBA or BCABA Number: \_\_\_\_\_

## Position Title (Please check the box that most closely describes your job title):

- |  |  |
|--|--|
| <input type="checkbox"/> 01 Administrator      | <input type="checkbox"/> 06 School Teacher     |
| <input type="checkbox"/> 02 Consultant/Trainer | <input type="checkbox"/> 07 Student            |
| <input type="checkbox"/> 03 Psychologist       | <input type="checkbox"/> 08 Professor/Academic |
| <input type="checkbox"/> 04 Therapist          | <input type="checkbox"/> 09 Researcher         |
| <input type="checkbox"/> 05 Social Worker      | <input type="checkbox"/> 10 Speech/Language    |
| <input type="checkbox"/> 11 Other: _____       |  |

## Primary Activity (Please check the box that most closely describes how you spend the majority of your time at work):

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> 01 Administration      | <input type="checkbox"/> 05 Teaching |
| <input type="checkbox"/> 02 Consulting/Training | <input type="checkbox"/> 06 Student  |
| <input type="checkbox"/> 03 Retired             | <input type="checkbox"/> 07 Clinical |
| <input type="checkbox"/> 04 Speech/Language     | <input type="checkbox"/> 08 Research |
| <input type="checkbox"/> 09 Other: _____        |                                      |

## Primary Discipline (Please check the box that most closely describes your field of study/practice):

- |   |   |
|---|---|
| <input type="checkbox"/> 01 Behavior Analysis     | <input type="checkbox"/> 05 Animal Behavior       |
| <input type="checkbox"/> 02 Education             | <input type="checkbox"/> 06 Speech/Communication  |
| <input type="checkbox"/> 03 Organizational Mngmt. | <input type="checkbox"/> 07 Medicine/Pharmacology |
| <input type="checkbox"/> 04 Clinical Psychology   | <input type="checkbox"/> 08 Social Work           |
| <input type="checkbox"/> 09 Other: _____          |   |

## Degree Information:

Most Recent Degree: \_\_\_\_\_

Year Received: \_\_\_\_\_

Conferring Institution: \_\_\_\_\_

## Membership Categories and Fees:

- |  |         |
|--|---------|
| <input type="checkbox"/> 01 Professional Member:     | \$35.00 |
| <input type="checkbox"/> 02 Affiliate/Parent Member: | \$25.00 |
| <input type="checkbox"/> 03 Student Member:          | \$15.00 |

## Verification of Student Status:

I, \_\_\_\_\_  
certify that \_\_\_\_\_  
is a full-time student at \_\_\_\_\_

\_\_\_\_\_  
Faculty/Professional Member/Affiliate Member Sign & Date

## GABA Meetings: Should GABA meetings be held:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> 01 Once per year  | <input type="checkbox"/> 03 Quarterly |
| <input type="checkbox"/> 02 Twice per year | <input type="checkbox"/> 04 Monthly   |

## Would you prefer receiving the newsletter & correspondence:

- |  |                                      |                                  |
|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> 01 Via E-Mail | <input type="checkbox"/> 02 Via USPS | <input type="checkbox"/> 03 Both |
|--|--------------------------------------|----------------------------------|

## Payment:

Membership Fee: \_\_\_\_\_

Donation: \_\_\_\_\_

Total: \_\_\_\_\_

## Mail completed form and payment to:

**GABA**  
**c/o Coby Lund**  
**3919 Ashford Dunwoody Rd**  
**Atlanta, GA 30319-1834**

**Please make checks payable to GABA**