



# New Mexico Association for Behavior Analysis Membership Application

### Personal Information (please print):

Full Name: \_\_\_\_\_  
                                            First                                            Middle                                            Last

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

Address at which you'd like to receive NMABA mailings:  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State                                            Zip

Phone numbers:                                              Check Primary:  
Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Email Addresses:  
Personal: \_\_\_\_\_  
Work: \_\_\_\_\_

May we include basic contact info in our directory?    Y    N

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

- |                                           |                                                       |
|-------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Administrator    | <input type="checkbox"/> School Teacher               |
| <input type="checkbox"/> Researcher       | <input type="checkbox"/> Professor/Academic           |
| <input type="checkbox"/> Psychologist     | <input type="checkbox"/> Consultant/Trainer           |
| <input type="checkbox"/> Therapist        | <input type="checkbox"/> Speech/Language              |
| <input type="checkbox"/> Student          | <input type="checkbox"/> Paraprofessional/Direct Care |
| <input type="checkbox"/> Behavior Analyst | <input type="checkbox"/> Other: _____                 |

### Primary Discipline (check box that most closely describes your field):

- |                                            |                                                |
|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Behavior Analysis | <input type="checkbox"/> Animal Behavior       |
| <input type="checkbox"/> Education         | <input type="checkbox"/> Speech/Communication  |
| <input type="checkbox"/> OBM/IO            | <input type="checkbox"/> Medicine/Pharmacology |
| <input type="checkbox"/> Clinical Psych    | <input type="checkbox"/> School or Ed Psych    |
| <input type="checkbox"/> Counseling Psych  | <input type="checkbox"/> Experimental Psych    |
| <input type="checkbox"/> Social Work       | <input type="checkbox"/> Other: _____          |

### Primary Activity (check box that most closely describes how you spend your time. If more than one applies, order numerically from most time spent, to least time spent):

- |                                           |                                              |
|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Administration   | <input type="checkbox"/> Teaching            |
| <input type="checkbox"/> Research         | <input type="checkbox"/> Consulting/Training |
| <input type="checkbox"/> Clinical/Therapy | <input type="checkbox"/> Student             |
| <input type="checkbox"/> Retired          | <input type="checkbox"/> Other: _____        |

### Membership Categories (check one):

**Full Member:** Any individual who meets one or more of the following qualifications may apply for membership in this category: (a) holds at least a masters degree in experimental or applied behavior analysis, (b) is a board certified behavior analyst, and/or (c) has made contributions to the field of behavior analysis through research, teaching, and/or practice, as evidenced by scholarly work. First time applicants must submit a CV.

Annual fee                                              \$40.00

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

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

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

BCBA Number, if applicable: \_\_\_\_\_

Member of ABA International?    Yes    No

**Affiliate Member:** Any individual who evidences interest or experience in the discipline of behavior analysis, but does not qualify for Full Member status, may apply for membership in this category.

Professional (BS/BA or higher) \$30.00  
Direct Care \$15.00  
Family/Consumer \$15.00

Please indicate your reason for interest in NMABA:  
\_\_\_\_\_  
\_\_\_\_\_

BCaBA Number, if applicable: \_\_\_\_\_

**Student Member:** Any individual pursuing formal training in the discipline of behavior analysis but not yet gainfully employed therein on at least a half-time basis may apply for membership in this category. (Enrollment verification required.)

Annual fee                                              \$20.00

Type of training program: \_\_\_\_\_

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

Expected completion date: \_\_\_\_\_

### Mail completed form and payment to:

Pay via PayPal on NMABA's website or bring a check along with completed membership form to an upcoming membership meeting.

Signature \_\_\_\_\_ Date \_\_\_\_\_