



Through professional advocacy, support and development, IN-ABC promotes effective, ethical and quality behavioral services.

**2020 Membership Application**

**Section 1: Type of Membership (choose one)**

- Corporate Membership: Level 1 (6-10 Consultants) \$600 per year
- Corporate Membership: Level 2 (11-15 Consultants) \$1100 per year
- Corporate Membership: Level 3 (16+ Consultants) \$1600 per year
- Professional Membership: \$100 per year
- Retiree Membership: \$250 lifetime
- Student Membership: \$50 per year  
(available to individuals not yet providing Behavior Management Services)

You may utilize the convenience of PayPal via the website: [www.inabc.org](http://www.inabc.org)

**As you complete the following, please PRINT clearly-thank you!**

**Section 2: About your Organization**

Agency Name: \_\_\_\_\_

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

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

Agency Web Site: \_\_\_\_\_

Main Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Subsidiary?  Yes    Of? \_\_\_\_\_  
(please list parent organization)

No

**Section 3: Who are your Clients?**

Total number of clients receiving behavioral supports via Waiver funding: \_\_\_\_\_

Total number of clients receiving behavioral supports via state-line funding: \_\_\_\_\_

Total number of clients receiving behavioral supports via other funding: \_\_\_\_\_

List counties within Indiana served by your behavioral supports (if all counties check "State Wide"): \_\_\_\_\_ State Wide

**Section 4: Who are your Staff?**

Name	E-mail Address
Chief Executive Officer: _____	_____

Membership Contact: _____	_____
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Consultants Employed by your Agency:	E-mail Address:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____

\*add additional page 2 as needed

Include all Consultants on IN-ABC email correspondence? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\*remember to email Susanne Bauer ([susanne.j.bauer@gmail.com](mailto:susanne.j.bauer@gmail.com)) changes to this list throughout the year.

**Section 5: Your Interest in the Association**

What is the main reason you decided to pursue INABC Membership:

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Please understand as a member of Indiana Association of Behavioral Consultants that you are responsible to read and recognize the Professional Code of Ethics. You will also distribute the information to all employees listed in Section 4 of this application. The complete code is found on the website at [www.inabc.org](http://www.inabc.org).

\_\_\_\_\_ I have read and agree to support and uphold  
INABC's Mission and Code of Ethics.

Signature of CEO or Individual Member: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail the completed application and 2020 membership dues to:**

Susanne Bauer, IN-ABC Secretary, 2675 South Sunflower Drive, Bloomington, IN 47403  
Email: [susanne.j.bauer@gmail.com](mailto:susanne.j.bauer@gmail.com)