



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

**2021 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? \_\_\_\_\_  
 No (please list parent organization)

**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: \_\_\_\_\_

**If your agency employs numerous consultants, please feel free to attach a printed list or spreadsheet with all names and emails, otherwise, use the lines below. A complete list may also be emailed to Rob Westcott - [robwestcott@comcast.net](mailto:robwestcott@comcast.net)**

Consultants Employed by your Agency:

E-mail Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

**\*\*please email Kim Adkins - [kadkins@opgrowth.com](mailto:kadkins@opgrowth.com) - with changes as they occur this 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 that as a member of Indiana Association of Behavioral Consultants, you are responsible to read and recognize the INABC Professional Code of Ethics. You are also expected to distribute the information to all employees listed in Section 4 of this application. The complete Code of Ethics may be found on the association website at – **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 2021 membership dues to:**

Rob Westcott, IN-ABC Treasurer, 1520 West Edinburgh Bend, Bloomington, IN 47403  
(812) 325-5700 — robwestcott@comcast.net