

APBS 2003 Membership Form

Association for Positive Behavior Support

www.apbsinternational.org

Mail form and payment to: APBS, P.O. Box 328, Bloomsburg, PA 17815

Telephone: (570)389-4081; Fax: (570)389-3980

PERSONAL INFORMATION

PREFERRED TITLE: Dr. Prof. Ms. Mrs. Mr.
LAST NAME: _____
FIRST NAME & MI: _____
AFFILIATION: _____
GENDER: MALE FEMALE
AGE: <25 25-34 35-49 50-64 65+
ADDRESS (for APBS mailings)
STREET: _____
CITY: _____
STATE/PROVINCE: _____
POSTAL ZIP CODE: _____
COUNTRY: _____
WORK TELEPHONE (include area and/or country codes):

FAX (include area and/or country codes):

E-MAIL: _____
WEBSITE: _____

STUDENT MEMBER INFORMATION

STUDENT TYPE:
 HIGH SCHOOL MASTERS POST DOC
 UNDERGRAD DOCTORAL
SCHOOL: _____
EXPECTED GRADUATION DATE: _____
Verification of Student Status
To be completed by faculty member and student
I, _____, certify that
_____ is a full-time student,
intern, or resident at _____.
Faculty Signature: _____
Date: _____

MEMBERSHIP FEE

Fees for all membership categories include subscriptions to the *APBS Newsletter* and the *Journal of Positive Behavior Interventions**. Members may join for one year, or three years at a discounted rate.

Member Category	One Year	Three Years
INAUGURAL MEMBER	<input type="checkbox"/> \$50	<input type="checkbox"/> \$150
<i>(Inaugural rate available until June 30, 2003)</i>		
REGULAR MEMBER	<input type="checkbox"/> \$70	<input type="checkbox"/> \$200
STUDENT MEMBER	<input type="checkbox"/> \$35	N/A

(Complete student information section)

*If you already subscribe to the *Journal of Positive Behavior Interventions*, indicate which of the following options you would prefer for the duration of your current subscription:

I would like to receive a second copy of JPBI

I would prefer to transfer my subscription to another PRO-ED journal *(See the attached PRO-ED flyer for a list of alternative journals)*

Journal name: _____

For purposes of transferring your subscription, please indicate the number after the letter "M" on your JPBI mailing label: M _____

METHOD OF PAYMENT

Payment acceptable by: check or credit card

Make checks payable, in US dollars, through a US bank, to APBS or charge to your:

MasterCard Visa

If paying by credit card, please complete the following:

Name on card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Payment of membership fee is subject to current federal, state, and local tax regulations. Tax exempt status for APBS is pending (3/5/03). To determine the tax-exempt status of your payment, contact your local office of federal, state, or local tax information. All funds are in U.S. dollars. Overpayments and discounts not taken by the applicant will be considered donations to APBS unless a written request for a refund is received by the APBS office.