

Application information for Individuals is on page 1 and for Sponsors is on page 2.

Individual Membership Application

- **Membership is valid from January 1 to December 31 of each year in which dues are paid.**
- Individuals must be behavior analysts and members of TxABA to be a Voting member or above (e.g., BCaBA®, BCBA®, and professors of behavior analysis are considered behavior analysts).
- Individual members at the Voting membership level and above will be able to vote in elections and on other issues, as well as will be invited to join the private Facebook group (if Facebook account information is provided above).
- Behavior analysts who are Affiliate members of TxABA can be Voting members of the Public Policy group.
- All members will receive email and newsletter updates from the TxABA Public Policy Group.
- A list of members and their membership level will be made available on our website.

Name: _____ Date: _____ Email: _____

Facebook Email (if differs from above): _____ (Voting level and above will be invited to join our FB group)

Phone: _____ BACB® Certification #: _____

Street Address: _____ City: _____ Zip Code: _____

Please indicate the areas in which you have expertise and/or would like to assist with public policy efforts:

Licensure	Autism	Insurance	Medicaid
Other:			

The following list indicates the fees due for membership at each level in the group. Please use the PayPal icon to submit payment.

Level Requested	Leading	Sustaining	Contributing	Voting*	Associate	Student
Dues	\$1,000+	\$500 – \$999	\$200 – \$499	\$100 – \$199	\$60+	\$40+



** The TxABA Public Policy Group is a 501(c)(6).
Please check how your payment should be documented for the IRS.*

Please email your completed application to BehaviorAnalysisPublicPolicyTX@gmail.com

Organizational and Individual Sponsor Levels

- Sponsorship is valid from January 1 to December 31 of each year in which dues are paid.

Level	Leadership Circle	Sustaining Sponsor	Supporting Sponsor	Contributing Sponsor
Contribution	\$3,000+	\$2,000 – \$2,999	\$500 – \$1,999	Up to \$499
Benefits	<ul style="list-style-type: none"> • Certificate of appreciation • Listed on website • Listed on Facebook page • Newsletter updates • Link on website • 50% off 3 eligible membership levels • Premier recognition at TxABA conference 	<ul style="list-style-type: none"> • Certificate of appreciation • Listed on website • Listed on Facebook page • Newsletter updates • Link on website • 50% off 2 eligible membership levels • Recognition at TxABA conference 	<ul style="list-style-type: none"> • Certificate of appreciation • Listed on website • Listed on Facebook page • Newsletter updates • 50% off 1 eligible membership level 	<ul style="list-style-type: none"> • Certificate of appreciation • Listed on website • Listed on Facebook page • Newsletter updates

Name of Sponsor: _____ Date: _____

Link to website, if applicable: _____

Contact information for discounted individual membership(s) is required for the membership application to be processed:

50% off Membership 1 (Applicable to Leadership Circle, Sustaining, and Supporting level Sponsors)

Name: _____ Home Address: _____

Email: _____ Phone: _____ BACB® Certification #: _____

Facebook Email (if differs from above): _____ (Voting level and above will be invited to join our FB group)

Level: Leading (\$500) Sustaining (\$250) Contributing (\$100) Voting (\$50) Affiliate (\$30) Student (\$20)

Area(s) of Involvement: Licensure Autism Insurance Medicaid / Other: _____

50% off Membership 2 (Applicable to Leadership Circle and Sustaining level Sponsors)

Name: _____ Home Address: _____

Email: _____ Phone: _____ BACB® Certification #: _____

Facebook Email (if differs from above): _____ (Voting level and above will be invited to join our FB group)

Level: Leading (\$500) Sustaining (\$250) Contributing (\$100) Voting (\$50) Affiliate (\$30) Student (\$20)

Area(s) of Involvement: Licensure Autism Insurance Medicaid / Other: _____

50% off Membership 3 (Applicable to Leadership Circle level Sponsors)

Name: _____ Home Address: _____

Email: _____ Phone: _____ BACB® Certification #: _____

Facebook Email (if differs from above): _____ (Voting level and above will be invited to join our FB group)

Level: Leading (\$500) Sustaining (\$250) Contributing (\$100) Voting (\$50) Affiliate (\$30) Student (\$20)

Area(s) of Involvement: Licensure Autism Insurance Medicaid / Other: _____



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