

Texas Association for Behavior Analysis Special Interest Group Application

Proposed name of Special Interest Group:

Contact Person Information:

Name

Address

Phone

Email

General interest area and the proposed mission of the SIG (e.g., Autism intervention, aging, experimental analysis; OBM, etc.):

Proposed activities of the SIG (e.g., meetings, workshops, etc):

***All activities must be explicitly approved by Executive Council of TxABA**

Potential SIG membership (e.g., ABA therapists, students, parents, etc.)

List the names of provisional SIG officers (pending Council approval of the application), offices to be held, and TxABA membership status of each of the SIG officers:

Name	Office Held	Membership Status
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Printed name and signatures of 3 full members of TxABA who support the development of the Special Interest Group:

Printed Name

Signature

_____	_____
_____	_____
_____	_____

- Attach a copy of the proposed by-laws
- Attach copies of recruitment flyers (if applicable)
- Provide URL (address) of website (if applicable)
- Provide list of SIG membership