



ASSOCIATION FOR APPLIED PSYCHOPHYSIOLOGY AND BIOFEEDBACK

Membership Application

Please Print Clearly This address is a: Business Home Both **Referred By:** _____

Name: Dr. / Mrs. / Ms. / Mr. _____
First MI Last Degree/Suffix

Company: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Alternate Phone: _____ Fax: _____

E-mail: _____ Web: _____

AAPB MEMBERSHIP CATEGORIES:

Regular Member: Persons engaged in the scientific and professional advancement of applied psychophysiology and biofeedback or related fields. Full members are required to hold an advanced degree, or the equivalent entry level degree, from an accredited school for the specific discipline in which the individual practices, does research or teaches.

Associate Member: Persons who are interested in applied psychophysiology and biofeedback or related fields and who do not meet the necessary requirements for full membership.

Corresponding Member: Open to international residents (excluding Canada). Entitles members to electronic versions only of the journal and magazine. Non-voting member. Member rates to attend Annual Meeting and Workshops. Email Required.

Student Member: Full-time students enrolled in an accredited training institution as documented by a copy of the student ID.

Corporate Member: Open to suppliers and corporations supporting AAPB. Receive 10% discount on advertising, extra points for exhibit booth placement at the Annual Meeting, corporate acknowledgment on the AAPB web site with free web link and listing in AAPB publications.

Corporate Clinical Member: Open to clinics that provide applied psychophysiology, biofeedback/neurofeedback and related services. Includes one full membership with right to vote and hold office. Up to five listings in the provider directory with discounted rates for all members of the corporation to the AAPB annual meeting or educational events.

Please provide the following information so that we may serve you better.

For the purposes of this application, the term biofeedback refers to all modalities including, but not limited to sEMG, HRV, Skin Conductance, Respiration, Blood Volume Pulse and EEG or neurofeedback

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|--|--|
| <p>1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>2. Birth Year:
 <input type="checkbox"/> Prior to 1925 <input type="checkbox"/> 1946-1964 <input type="checkbox"/> 1980-2000
 <input type="checkbox"/> 1925-1945 <input type="checkbox"/> 1965-1979 <input type="checkbox"/> After 2000</p> <p>3. Degrees earned: (check all that apply)
 <input type="checkbox"/> Associate <input type="checkbox"/> Other Masters <input type="checkbox"/> PsyD
 <input type="checkbox"/> BA/BS <input type="checkbox"/> PhD <input type="checkbox"/> DDS
 <input type="checkbox"/> MA <input type="checkbox"/> MD <input type="checkbox"/> DO
 <input type="checkbox"/> MS <input type="checkbox"/> EdD <input type="checkbox"/> MSW
 <input type="checkbox"/> DC <input type="checkbox"/> Other _____</p> <p>5. Discipline: (check one)
 <input type="checkbox"/> Psychology <input type="checkbox"/> Nursing
 <input type="checkbox"/> Medicine <input type="checkbox"/> Social Work
 <input type="checkbox"/> Dentistry <input type="checkbox"/> Counseling
 <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Education
 <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Pathology
 <input type="checkbox"/> Chiropractic <input type="checkbox"/> Other _____</p> | <p>4. Which BCIA certifications to you currently carry, if any?
 <input type="checkbox"/> BCB <input type="checkbox"/> BCN <input type="checkbox"/> BCB-PMD</p> <p>6. From what institution did you receive your biofeedback training?
 _____</p> <p>7. Primary area of biofeedback activity:
 <input type="checkbox"/> Clinical <input type="checkbox"/> Research <input type="checkbox"/> Education/Academic</p> <p>8. Do you see patients to treat diagnosed disorders?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "no" Thank you for your input. If "yes" please continue.</i></p> <p>9. What is your primary type of practice?
 <input type="checkbox"/> Private/Independent <input type="checkbox"/> Group <input type="checkbox"/> Hospital</p> |
|--|--|

See Reverse for Payment Information

PAYMENT INFORMATION:

A. MEMBERSHIP DUES: *Select only one Membership Category.*

- \$185 Regular Member
- \$209 Associate Member
- \$69 Corresponding Member (See description)
- \$55 Student Member (*Copy of student ID required*)
- \$655 Corporate Member
- \$425 Corporate Clinical Member

A. MEMBERSHIP DUES SUBTOTAL:* _____

B. SUBSCRIPTIONS:

AAPB membership includes subscriptions and electronic access to both the Applied Psychology and Biofeedback Journal and Biofeedback Magazine.

B. SUBSCRIPTIONS: FREE

C. PROVIDER DIRECTORY LISTING:

- \$50 One year listing on AAPB website

C. PROVIDER DIRECTORY LISTING:* _____

D. SECTION/DIVISION MEMBERSHIP: *AAPB Membership required to join a section or division.*

- \$10 Allied Professional Section
- \$15 Applied Respiratory Psychophysiology Section
- \$15 Child and Adolescent Health Section
- \$10 Education Section
- \$10 International Section
- \$15 Mind-Body Medicine Section
- \$25 ISMA-US Stress Management Section
- Neurofeedback Division (*choose one*)
 - \$20 Regular
 - \$50 Sustaining
- \$15 Optimal Functioning Section
- \$10 Performing Arts Psychophysiology Section
- \$15 sEMG/SESNA Division

D. SECTION MEMBERSHIP SUBTOTAL:* _____

E. MEMBERSHIP VERIFICATION CERTIFICATE:

- \$15 Membership Certificate

E. MEMBER CERTIFICATE:* _____

F. FUND FOR THE FUTURE:

Funds are placed in a special account which allows AAPB to work toward the recognition of applied psychophysiology and biofeedback. To continue to inform major third party carriers, to develop public information documents, to advance the awareness of biofeedback services to consumers, and to advance research.

- \$25 \$50 \$75 \$100 \$ _____

F. FUND FOR THE FUTURE SUBTOTAL:* _____

G. FEDERATION OF ASSOCIATIONS IN BEHAVIORAL AND BRAIN SCIENCES (FAABS) DUES:

FAABS is a coalition of scientific societies that share an interest in advancing the sciences of mind, brain, and behavior. Understanding the human element of many of society's challenges in healthcare, conservation behavior, human conflicts, economic decision making and more is a key component to improving the welfare of individuals and our society.

Do you spend more than 50% of your time in research related to applied psychophysiology? Yes No

If yes, would you be willing to contribute Federation dues? \$12.25 \$ _____

G. FABBS DUES:* _____

H. FOUNDATION FOR EDUCATION AND RESEARCH IN BIOFEEDBACK AND RELATED SCIENCES (FERB):

The Foundation annually supports travel scholarships to students whose papers have been accepted for presentation at the annual meeting.

- \$30 \$60 \$100 \$250 \$1000 \$ _____

H. FERB CONTRIBUTION:** _____

I. AAPB occasionally makes the membership list available for purchase to companies and associations in the industry.

If you would like your name **withheld** from these mailings, please check this box:

By submitting my membership dues, I agree to abide by the Ethical Principles of AAPB.

PAYMENT INFORMATION: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex		
Checks or money orders (in U.S. dollars) payable to AAPB.		
Card Number: _____	Exp. Date: _____	SUM A→H: _____
Name on Card: _____	3 Digit CVV Code _____	TOTAL DUE: _____
Signature: _____		
<small>* Payments to AAPB are not tax deductible as charitable contributions, although they may be tax deductible as a business expense. Consult your tax advisor. **Contributions to FERB ARE tax deductible as charitable contributions.</small>		

Return this form with your payment to AAPB at 10200 West 44th Avenue, Suite 304, Wheat Ridge, CO 80033-2840, USA
Credit Card Payments can be faxed to AAPB at (303) 422-8894.