



Association for Applied Psychophysiology and Biofeedback Membership Application Form

Renew online at www.aapb.org; Call 800-477-8892 for more information

MEMBER INFORMATION

PLEASE PRINT CLEARLY

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.

This address is a:

- Business
 Home
 Both

Referred by: _____

Applicant Information:

Name: _____

Title: _____

Org/Affiliation: _____

Degrees: _____

Address: _____

City/St/Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Licensed Psychologist?

- Yes
 No

Do you spend more than 50% of your time in research related to applied psychophysiology?

- Yes
 No

Authoritative Diversity/Inclusivity Framework Attestation:

AAPB and its membership are committed to the protection of human rights. AAPB members strive to maintain the dignity and worth of the individual while rendering service, conducting research, and training others.

AAPB members do not discriminate against or refuse services to anyone on the basis of gender, ethnicity, race, sexual orientation, age, disability, socioeconomic status, language spoken, religion or national origin.

AAPB endorses the American Psychological Association's Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change. AAPB members are expected to adhere to six guidelines as referenced at <https://www.aapb.org/i4a/pages/index.cfm?pageid=3885>.

- Yes, I agree to actively uphold these principals**

By submitting my membership dues, I agree to abide by AAPB Ethical Principles and Authoritative Diversity/Inclusivity Guidance

Signature: _____

(COMPLETE REVERSE SIDE)

MEMBERSHIP CATEGORIES

Membership in the Association shall be comprised at a minimum of the following categories: Regular, Early Career, Retired, Hardship, Associate Member, Student Member, and Honorary Member.

Regular Member: Persons interested in the scientific and professional advancement of applied psychophysiology and biofeedback who practice, teach, or conduct research in the discipline of applied psychophysiology and biofeedback. Regular members have all rights and privileges of membership, including the right to serve on committees, to vote, and hold office. Regular members may, upon written request and approval of a majority of the Membership Committee, modify their membership status (affecting membership dues).

Early Career: Members qualify for Early Career status with documentation of terminal degree and date received. The Membership Committee will be responsible to review all graduates for automatic membership changes. Membership status will remain until 3 years from date of degree.

Retired (Partial or Full): Member must provide evidence of retirement or partial employment/work only once. Membership status will not expire.

Hardship: Member must provide evidence of financial hardship. Membership status will last 2 consecutive years, after which time the member must pay Regular membership dues or revert to Associate Member status.

Associate Member: Persons interested in the scientific and professional advancement of applied psychophysiology and biofeedback. Associate members have all rights and privileges of membership except: a. Associate members may not vote or hold office. b. Associate members will not receive access to printed or on-line AAPB publications as part of membership benefits. c. Associate members may have reduced discounts to other benefits offered to Regular members.

Student Member: Full-time students or graduate students of regionally-accredited academic institutions with interests in applied psychophysiology and biofeedback who do not yet have a degree, license or similar certification that qualifies them for independent practice may become Student members. Student members have all rights and privileges of membership except: a. Student members may not vote or hold office (see 'C'), b. Student members may participate in Student Council, representing relevant issues/concerns to the Board. Student members can vote on resolutions of the Student Council. c. One Student Representative to the Board will have voting privileges on Board decisions.

Honorary Members: Any individual who has made an outstanding contribution to the betterment of the Association or profession may be nominated as an Honorary Member. The Membership Committee will review and recommend candidates to the Board. No more than one Honorary Member may be named each year. Honorary members are exempt from dues, and have all rights of Regular membership. A. Membership categories are reserved for individual persons, not businesses or corporations. However, the Board may establish separate corporate sponsorships or relationships that benefit the Association of the field of applied psychophysiology and biofeedback.

SELECT YOUR MEMBERSHIP CATEGORY and ADD-ONS

A. Membership Dues Schedule (mandatory)

Select only one membership category

- Regular: **\$195**
- Early Career: **\$129**
- Partial Retired: **\$149**
- Full Retired: **\$49**
- Associate Member: **\$225**
- Student Member: **\$59**
- Hardship: **\$95** (provide additional documentation)
- Discount Code: _____

MEMBER DUES TOTAL: _____

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

B. Section Membership (optional, check all that apply)

You MUST be an member to join a section

- Allied Professional Section: **\$10**
- Applied Respiratory Psychophysiology Section: **\$15**
- Child and Adolescent Health Section: **\$15**
- Education Section: **\$10**
- International Section: **\$10**
- Mind-Body Medicine Section: **\$15**
- ISMA-US Stress Management Section: **\$25**
- Neurofeedback Section - Regular: **\$20**
- Neurofeedback Section - Sustaining: **\$50**
- Optimal Performance Section: **\$15**
- SEMG/SESNA Section: **\$15**

SECTION DUES TOTAL: _____

Recognition Features (optional)

Select all that you wish to purchase

- Provider Directory Listing** - One year listing on AAPB website, aapb.org: **\$50**
- Membership Certificate** - Purchase a certificate verifying your AAPB Membership, suitable for framing: **\$15**
- AAPB Fellowship Application Fee and Review** - The AAPB Fellowship Program is a program of **earned recognition for AAPB members** who are making significant and sustained contributions to the science and practice of applied psychophysiology and biofeedback. Individuals who earn fellowship may use the designation "Fellow of the Association for Applied Psychophysiology and Biofeedback" (AAPB). Those individuals meeting educational, ethical and the following requirements: 1) Application and Maintenance Fees: \$50; once status is achieved and maintained for four years; reapplication is \$15.00, with active membership. This fee is not refundable based on application approval; 2) Completion of online application and periodic reporting obligation. The names of these individuals will be maintained in the AAPB Registry of Fellows at www.aapb.org: **\$50. You will be sent a link to the online application process.**

RECOGNITION FEATURES TOTAL: _____

C. Advocacy Contributions (optional)

Payments to AAPB are not tax deductible as charitable contributions, although they may be tax deductible as a business expense. Consult your tax advisor

Fund for the Future - Funds are placed in a special account which allows AAPB to work toward the recognition of the field, continue to inform major and third party carriers, develop resources, advance the awareness of biofeedback services to consumers, and advance research.

- \$25**
- \$50**
- \$75**
- \$100**
- Other: \$ _____**

Fund for the Future Subtotal: _____

Federation of Associations in Behavioral and Brain Sciences (FABBS) Dues - FABBS is a coalition of scientific societies, including AAPB, that share an interest in advancing the sciences of mind, brain, and behavior. F

- \$13**
- \$26**
- Other: \$ _____**

FAABS Dues Contribution Subtotal: _____

ADVOCACY TOTAL: _____

PAYMENT INFORMATION

Membership Dues Total: \$ _____

Section Dues Total: \$ _____

Recognition Features Total: \$ _____

Advocacy Total: \$ _____

TOTAL Due: _____

Payment Type:

- Check/Money Order:** Mail the completed application and payment to: AAPB, PO Box 723248, Atlanta GA 31139. Checks or money orders (in US dollars), payable to AAPB.
- Credit Card: You must complete the online application at aapb.org.** If you have difficult paying online, call 800-477-8892 during business hours (8 am to 5 pm CT).

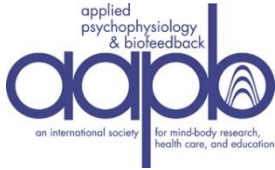
OPT OUT:

AAPB occasionally makes the membership list available to companies and associations in the industry. If you would like your name withheld from these mailings, please check this box.

- Opt out

Important Payment And Security Notifications/Enforcements:

- 1) Due to PCI compliance, DO NOT provide any credit card information via email or in written format. All credit card payments should be made online at aapb.org. If you have difficult paying online, call 800-477-8892). All funds from international countries must be submitted in US dollars. No exceptions. 3) For wire transfer details, email info@aapb.org.



Membership Application Form

Renew online at www.aapb.org

DEMOGRAPHIC / ADDITIONAL INFORMATION

NAME OF MEMBER APPLICANT: _____

1. Gender

- Male
- Female
- Other: _____
- Prefer not to respond

2. Birth Year

- 1920-1945 (Greatest Generation)
- 1946-1964 (Baby Boomers)
- 1965-1983 (Generation X)
- 1984-2004 (Millennials)

3. Degrees earned: (check all that apply)

- PhD
- PsyD
- MD
- DO
- DDS
- EdD
- DC
- MSW
- MS
- MA
- Other Masters
- BA/BS
- Associate
- Other _____

4. Discipline: (check one)

- Psychology
- Nursing
- Medicine
- Social Work
- Dentistry
- Counseling
- Physical Therapy
- Education
- Occupational Therapy
- Speech Pathology
- Chiropractic
- Sports Psychology
- Other _____

5. Which BCIA Certification do you currently carry, if any?

- BCB
- BCN
- BCB-PMD
- HRV

6. From what institution did you receive your biofeedback training?

7. Primary area of biofeedback activity:

- Clinical
- Research
- Education/Academic

8. Do you see patients to treat diagnosed disorders?

- Yes*
- No

9. What is your primary type of practice*?

- Private/Independent
- Group
- Hospital
- N/A

10. How did you hear about AAPB?

- Trade Show or Conference
- Internet/Website
- Direct Contact from AAPB
- Employer, Colleague or Co-worker
- AAPB Member
- Other _____