



ASSOCIATION FOR APPLIED PSYCHOPHYSIOLOGY & BIOFEEDBACK

Chapter Membership Guidelines

To qualify for recognition as an AAPB Chapter:

1. A 'Request to be Recognized as an AAPB Chapter' form shall be submitted to the AAPB headquarters office.
2. There shall be a minimum of five (5) chapter members, all of whom shall hold full AAPB membership in good standing.
3. Additional qualifications include:
 - a. An agreement to abide by the AAPB objectives as follows:

The objectives of the Association are to improve human welfare through the:

- Encouragement and improvement of 1) scientific research, 2) clinical and 3) educational applications in biofeedback and applied psychophysiology.
 - Integration of applied psychophysiology and biofeedback with other self-regulatory methods.
 - Improvement of clinical uses of applied psychophysiology, biofeedback and other self-regulatory methods through high standards of professional practice, peer review, ethics, and education.
 - Increased knowledge about applied psychophysiology and biofeedback to the membership via meetings, educational programs, publications and special interest sections.
 - Dissemination of information to the public about the benefits of applied psychophysiology and biofeedback.
 - AAPB is organized for the purpose of carrying on educational and scientific objectives and is not to be operated as a for-profit entity.
- b. To provide AAPB an annual (each December) listing with complete contact information including email addresses of all chapter members including those who do and/or do not hold membership in AAPB.

- c. Allow AAPB to contact those chapter members who do not hold membership in AAPB to invite them to join, to attend AAPB events, and to provide other information except those who officially opt out of receipt of such correspondence.
4. Status as an AAPB chapter will remain in force until or unless a request is made in writing to discontinue or until the chapter no longer meets the qualifications listed above including the requirements related to the number of chapter members holding AAPB membership.



ASSOCIATION FOR APPLIED PSYCHOPHYSIOLOGY & BIOFEEDBACK

Request to be Recognized as an AAPB Chapter

Name of Chapter: _____

Chapter Contact Information

Contact Name: _____

Company/Affiliation: _____

Street: _____

City, Province or State: _____

Country: _____

Postal code: _____

Phone: _____

Fax: _____

E-mail Address: _____

Chapter Agreement

By checking the boxes below, your chapter agrees to each item. Each item must be checked in order to be granted chapter status:

- Abide by the AAPB objectives
- Provide AAPB an annual (each December) listing of all chapter members including those who do and/or do not hold membership in AAPB. Please attach a current list of chapter members and officers to this agreement.
- Allowing AAPB to contact those chapter members who do not hold membership in AAPB to invite them to join and/or to attend AAPB events.
- Provide AAPB an annual (each December) listing of officers
- Provide an annual summary of activities
- Provide AAPB any updates to the chapter bylaws as part of the chapter annual summary of activities. Please attached the current bylaws to this agreement

On behalf of _____ (full chapter name), please accept this request for AAPB international chapter status.

Authorized signature

Date

*Send completed form by fax to: (303) 422-8894
Or by email to: aapb@resourcenter.com*