

**Michigan Behavior Analysis Providers (MiBAP)**

1100 S Rose St  
Kalamazoo MI 40991-2664  
Membership Application

MiBAP is a non-profit membership organization of providers whose mission is to promote access to the science of applied behavior analysis (ABA) through advocacy, education, and quality practices. Membership consists of two classes: Active Members and Affiliate Members.

*Active Membership.* Active Members are private organizations who provide applied behavior analysis (ABA) services in Michigan. Public organizations, including educational institutions, that do not also act as payors are also eligible to be Active Members for membership purposes.

*Affiliate Membership.* Affiliate Members may be public, not-for-profit, and/or private organizations that are aligned with the MiBAP’s Mission and Purpose, that do not qualify for Active Membership. Health care providers demonstrating interest in the discipline of ABA or evidence-based practice but lacking formal training in ABA may also apply for affiliate membership.

*Applications for membership are subject to the review and approval of the MiBAP Board of Directors.*

**Section 1 – Professional Information**

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Telephone: ( \_\_\_\_\_ ) - \_\_\_\_\_  
Primary Contact: \_\_\_\_\_  
Primary Contact Email: \_\_\_\_\_  
Secondary Contact: \_\_\_\_\_  
Secondary Contact Email: \_\_\_\_\_

**Section 2 – Membership Category**

MiBAP membership dues are determined based on annual ABA services revenue in the state of Michigan. 2019 Dues (as shown below) will cover membership through December 31<sup>st</sup>, 2019.

*Please Choose a Tier:*

<b>Tier</b>	<b>Annual ABA Services Revenue in MI</b>	<b>2019 Membership Dues</b>
___ Active Member – Tier 1	Less Than \$1,000,000	\$ 2,000.00
___ Active Member – Tier 2	\$1M to \$3M	\$ 3,000.00
___ Active Member – Tier 3	\$3M to \$5M	\$ 4,000.00
___ Active Member – Tier 4	Over \$5,000,000	\$ 6,000.00
___ Affiliate Member N/A	N/A	\$ 2,000.00

**Section 3 - Membership Agreement**

*Please read and sign:*

Our facility meets the criteria for active or affiliate membership as described above. We subscribe to the purposes of MiBAP and agree to be abide by its bylaws. Our company requires that our BCBA's will follow the BACB's the Code of Ethics. We hereby apply for membership.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Checks should be made out to MiBAP. Please return a copy of this entire completed Membership Application with your check to:

MiBAP  
1100 S Rose St  
Kalamazoo MI 40991-2664

Questions? Contact Us at [membership@MiBAP.org](mailto:membership@MiBAP.org)

<b><i>For Office Use Only</i></b>			
	Amount	Ck#	Ck Date
Dues paid	_____		
Approved by Board:	<input type="checkbox"/>	Date:	