

Association for Behaviour Analysis (Singapore) **Affiliate / Student Membership Application Form**

This membership application form is intended for all individuals applying as either a (1) Affiliate Member or (2) Student Member. Applicants must complete all sections (where applicable). Should the applicant require more space, do provide the information separately. Upon completion, email this form, alongside all required documents to **membership@abasingapore.org**. Your email should be titled ‘**Membership Application: (Your Name)**’.

Application for: ☐ Affiliate Member ☐ Student Member

Personal Information			
Full Name (As in NRIC/ Passport):			
Nationality:		NRIC/FIN: (SXXXX123A)	
Phone Number:		Date of Birth: (DD/MM/YYYY)	
Email Address:			
Residential Address:			

Educational Background			
<input type="checkbox"/> PhD <input type="checkbox"/> MSc <input type="checkbox"/> MA <input type="checkbox"/> MEd <input type="checkbox"/> BSc <input type="checkbox"/> BA <input type="checkbox"/> Others: _____			
<input type="checkbox"/> Degree Attained <input type="checkbox"/> Degree Working On			
Highest Qualification Attained/ Working towards (Exact Title):			
Name of Institution:			
Country of Institution:			
Start Date: (MM/YYYY)		Graduation Date: (MM/YYYY)	
<input type="checkbox"/> PhD <input type="checkbox"/> MSc <input type="checkbox"/> MA <input type="checkbox"/> MEd <input type="checkbox"/> BSc <input type="checkbox"/> BA <input type="checkbox"/> Others: _____			
<input type="checkbox"/> Degree Attained <input type="checkbox"/> Degree Working On			
Highest Qualification Attained/ Working towards (Exact Title):			
Name of Institution:			
Country of Institution:			
Start Date: (MM/YYYY)		Graduation Date: (MM/YYYY)	

Professional Credentials/ Memberships (As Applicable)			
Association/ Certification/ Licensing Organization:			
Certification/ Membership Held:		Certification/ Membership Number:	
Number of Years:		Expiry Date (DD/MM/YYYY):	
Association/ Certification/ Licensing Organization:			
Certification/ Membership Held:		Certification/ Membership Number:	
Number of Years:		Expiry Date (DD/MM/YYYY):	
Association/ Certification/ Licensing Organization:			
Certification/ Membership Held:		Certification/ Membership Number:	
Number of Years:		Expiry Date (DD/MM/YYYY):	

Related Employment History and Information (As Applicable)			
Organization 1:		Country:	
Job Title:		Start Date: (MM/YYYY)	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (>10 Hours per Week)		End Date: (MM/YYYY)	
Responsibilities:	<ul style="list-style-type: none"> • • • • 		
Organization 2:		Country:	
Job Title:		Start Date: (MM/YYYY)	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (>10 Hours per Week)		End Date: (MM/YYYY)	
Responsibilities:	<ul style="list-style-type: none"> • • • • 		

Related Employment History and Information (As Applicable)			
Organization 3:		Country:	
Job Title:		Start Date: (MM/YYYY)	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (>10 Hours per Week)		End Date: (MM/YYYY)	
Responsibilities:	<ul style="list-style-type: none"> • • • • 		
Organization 4:		Country:	
Job Title:		Start Date: (MM/YYYY)	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (>10 Hours per Week)		End Date: (MM/YYYY)	
Responsibilities:	<ul style="list-style-type: none"> • • • • 		

Professional Identity & Motivation	
Why would you like to apply as a member?	
What do you hope to gain from this Association?	
In what ways will you be able to contribute to this Association?	

Consent	
I consent to having the above information published in the Membership Directory.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration	
I declare that all information and documents submitted in this application is true and accurate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I declare that any omission, false or misleading information will result in indefinite rejection of this application and the termination of membership.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any charges of unprofessional conduct ever been brought against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any past convictions of charges of criminal charges or pending charges been brought against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that failure to disclose any relevant criminal conviction will result in indefinite termination of my membership	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the association reserves the right to request further documents or reject applications at its discretion.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that I must submit all required documents along with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby declare that pending acceptance and if accepted, I agree to be bound by the prevailing Constitution of the Association and the Ethic Guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the above circumstances apply to you, please provide an explanation outlining the relevant details and outcomes. Your email should be titled '**Private and Confidential - SECRETARY**' and addressed to the Membership Committee. Please email it to the Secretary at membership@abasingapore.org. The Membership Committee may request further information as part of this review process. Disclosure of such information does not automatically disqualify an application. All applications will be reviewed on a case-by-case basis.

Document Submission

Please attach the following documents onto the email when submitting your application. Do ensure that you have uploaded the following where applicable:

- ☐ Documentation of Educational History (i.e. Ongoing/ Completed Transcripts, Certificates, etc.)
- ☐ Documentation of Professional Certifications/ Memberships (i.e. BCBA, RBT, QBA, etc.)
- ☐ Evidence of Employment (i.e. Employment Letters, HR Endorsed Letters, etc.)
- ☐ Screenshot of Paid Application Fee

Applicant's Name _____

Applicant's Signature: _____

Date: _____

For Official Use		
<input type="checkbox"/> Affiliate Member <input type="checkbox"/> Student Member <input type="checkbox"/> Rejected		
Remarks		
Approved By (Signature & Date):		
President:	Secretary:	VP of Membership: