

Association for Behaviour Analysis (Singapore) Full / Associate Membership Application Form

This membership application form is intended for all individuals applying as either a (1) Full Member; or (2) Associate 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: ☐ Full Member ☐ Associate 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 Related Qualification Working On/ Attained (Exact Degree 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 Related Qualification Working On/ Attained (Exact Degree Title):			
Name of Institution:			
Country of Institution:			
Start Date: (MM/YYYY)		Graduation Date: (MM/YYYY)	

Professional Credentials/ Memberships			
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			
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			
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"> • • • • 		

Reference Check	
Referee 1	
Full Name of Reference:	
Organization:	
Position:	
Relationship:	
Phone Number:	
Email Address:	
Referee 2	
Full Name of Reference:	
Organization:	
Position:	
Relationship:	
Phone Number:	
Email Address:	

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 I am a: (i) Singapore Citizen; (ii) Permanent Resident of Singapore; or (iii) Expat who has worked in Singapore for a minimum of 6 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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. 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"/> Full Member <input type="checkbox"/> Associate Member <input type="checkbox"/> Rejected		
Remarks		
Approved By (Signature & Date):		
President:	Secretary:	VP of Membership: