

**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

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

<b>Educational Background</b>			
<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			
<b>Highest Related Qualification Working On/ Attained (Exact Degree Title):</b>			
<b>Name of Institution:</b>			
<b>Country of Institution:</b>			
<b>Start Date: (MM/YYYY)</b>		<b>Graduation Date: (MM/YYYY)</b>	
<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			
<b>Highest Related Qualification Working On/ Attained (Exact Degree Title):</b>			
<b>Name of Institution:</b>			
<b>Country of Institution:</b>			
<b>Start Date: (MM/YYYY)</b>		<b>Graduation Date: (MM/YYYY)</b>	

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

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

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

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

Professional Identity & Motivation	
<b>Why would you like to apply as a member?</b>	

<b>What do you hope to gain from this Association?</b>	
<b>In what ways will you be able to contribute to this Association?</b>	

### Consent

I consent to having the above information published in the Membership Directory.  Yes  No

<b>Declaration</b>	
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:** \_\_\_\_\_

<b>For Official Use</b>		
<input type="checkbox"/> Full Member	<input type="checkbox"/> Associate Member	<input type="checkbox"/> Rejected
<b>Remarks</b>		
<b>Approved By (Signature &amp; Date):</b>		
<b>President:</b>	<b>Secretary:</b>	<b>VP of Membership:</b>