



MEMBERSHIP APPLICATION

AGENCY NAME	
PRIMARY ADDRESS, CITY, STATE, & ZIP	
PHONE	WEBSITE
MEMBERSHIP TYPE	AGENCY DATA
<input type="checkbox"/> Introductory New Member Rate \$275.00 New agencies to CCBA - lasts for one calendar year <input type="checkbox"/> Small Agency (0-99 employees) \$450.00 <input type="checkbox"/> Mid-size Agency (100-299 employees) \$800.00 <input type="checkbox"/> Large Agency (300 + employees) \$1100.00 <input type="checkbox"/> XL Agency (600 + employees) \$1400.00 <input type="checkbox"/> Individual Membership \$200.00 <input type="checkbox"/> Funding Sources/Academic Institutions \$0 Institution _____ <input type="checkbox"/> Student \$0 School _____	_____ # of Clients receiving ABA/BHT _____ # of Clients receiving AST or other _____ # of Employees providing ABA/BHT Agency data is used to determine the total number of clients and employees that CCBA represents when sending correspondence to funding sources or governmental agencies. This information is kept confidential by the membership committee chair. All Members: Please submit signed documents with this application for each member. <input type="checkbox"/> Guidelines for CCBA Members <input type="checkbox"/> Confidentiality and Conflict of Interest Agreement <i>Disclaimer: Any discussions are purely informative and should not be construed as recommendations on how to run your practice or agency.</i>
Primary Voting Member Name	2nd Member Name
Email	Email
3rd Member Name	4th Member Name
Email	Email
NOTE: Dues are not deductible as a charitable donation under 501(c)(6). Please consult your tax preparer for possible deductions.	Please return completed application, with Check payable to CCBA to: 5500 Telegraph Road Suite 261 Ventura, California 93003