

New Membership

Renew online at www.abct.org | Membership year: July 15, 2026–July 14, 2027

*ASTERISKS INDICATE REQUIRED FIELDS

Member's Information

Please type or print legibly

*Name _____
FIRST MIDDLE LAST

Professional title: _____

*Primary Institution/Professional affiliation: _____

Mailing Address:

* Check this box to receive all ABCT mail at this address

*Address line 1: _____

Address line 2: _____

*City: _____ *State/Province: _____ *ZIP/Postal Code: _____

*Phone 1 (work): _____ *Email 1 (work) : _____ ☐ primary

*Date of Birth: _____

*Gender: ☐ Woman–cisgender ☐ Woman–transgender/trans woman ☐ Man–cisgender ☐ Man–transgender/trans man ☐ Nonbinary
☐ Genderqueer ☐ Agender ☐ Not listed ☐ Wish not to disclose

*Racial Identity (select all that apply): ☐ White/Caucasian/European American ☐ Black/African American
☐ Asian/Asian American/Pacific Islander ☐ Native American/Alaskan Native ☐ Other ☐ Prefer not to disclose

*Ethnic Identity: ☐ Hispanic, Latinx, or Spanish origin ☐ Middle Eastern or North African (MENA) ☐ Non-Hispanic/Non-MENA
☐ Prefer not to disclose

*Highest degree earned to date _____ *Actual or expected date of terminal degree? _____

*Field in which terminal degree earned _____

*Have you ever applied for a professional license and been denied licensure or had your license revoked? ☐ yes ☐ no

*Has your membership in any professional organization ever been terminated for cause other than nonpayment of dues ☐ yes ☐ no
If yes, please give details: _____

*Have you ever been disciplined/sanctioned by a professional licensing Board? _____

*Are there any pending disciplinary investigations against you? _____

Other Professional Data

*Professional Setting (multiple boxes can be checked)

☐ Academic ☐ Administrative ☐ Clinical ☐ Research ☐ Supervision ☐ Other _____

Describe your training in behavior therapy and/or cognitive behavior therapy related research and/or practice:

List current activities in behavior therapy and/or cognitive therapy research and/or practice:

Are you interested in belonging to the newly formed ABCT Speaker's Bureau? yes no
Are you interested in belonging to the newly formed ABCT Research Directory? yes no

* **Select a Membership Type**

☐ **Full:** Open to those who obtained a terminal graduate degree on or before July 14, 2023. Those eligible must agree with the purposes and objectives of ABCT and meet the following requirements: (1) are responsible professionals in good standing of their discipline's primary organization (e.g., American Psychological Association, the American Psychiatric Association, the National Association of Social Workers) or possess other acceptable qualifications and experience; and (2) are practicing behavioral and/or cognitive clinicians, engaged in research or other activities pertinent to the development and advancement of behavior and/or cognitive therapy, or are interested in acquiring professional knowledge and competence in some aspect of the behavioral and/or cognitive therapies with a view toward eventual participation. **\$310**

☐ Full Member (Middle Income Country**) **\$150**

☐ Full Member (Lower Income Country***) **\$75**

☐ **New Professional 1:** Open to those who obtained, or obtain, a terminal graduate degree between July 15, 2025 and July 14, 2027. This includes postdoctoral trainees who earned their degree during this time. * **\$100**

☐ **New Professional 2:** Open to those who obtained a terminal graduate degree between July 15, 2025 and July 14, 2026. This includes postdoctoral trainees who earned their degree during this time. * **\$160**

☐ **New Professional 3:** Open to those who obtained a terminal graduate degree between July 15, 2024 and July 14, 2025. This includes postdoctoral trainees who earned their degree during this time. * **\$215**

☐ **Student:** Open to those who are actively enrolled in a program of study leading to a bachelor's, master's, or doctoral degree, or are interns, and/or who graduate with their degree during the period of time between July 15, 2026 to July 14, 2027. Postdoctoral trainees do not qualify for student membership and should refer to the New Professional and Full categories to determine which category best matches their terminal degree date. * **\$84**

☐ Student (Middle Income Country**) **\$42**

☐ Student (Lower Income Country***) **\$21**

☐ **Post-Baccalaureate:** Open to all individuals in transition who have graduated with a minimum of a bachelor's-level degree and are working or volunteering in a mental health facility (community clinic, private practice, school) or academic institution (e.g., psychology department, medical school). Eligible individuals have not completed any graduate-level training and do not plan to begin graduate level training within the next year. Membership in this category is not intended for master's-level professionals and may not exceed 3 years. * **\$95**

☐ **Associate:** Open to those who do not meet criteria for Full membership but whose credentials otherwise are acceptable to the Membership Committee. **\$310**

*For Student, Postbaccalaureate, and New Professional members, a copy of your diploma or a letter from your advisor to confirm your professional status can be emailed to membership@abct.org

**For Middle Income Countries, please see [World Bank map](#).

***For Lower Income Countries, please see [World Bank map](#).

If my membership is accepted, I hereby agree that I will not represent membership in ABCT as a certification of my qualifications as a behavior therapist, cognitive behavior therapist, or researcher.

Signature: _____ Date: _____