



# 2010 MEMBERSHIP APPLICATION FORM

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**MEMBERSHIP STATUS** (check one):  Renewing Member  New Member

**MEMBERSHIP INFORMATION:**

Full Name (first, MI, last): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Is this an endowed position?:  Yes  No

Employer, Institution, Organization: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Career Level:  Student  Post-Doctoral Fellow  First Yr. Professional  Other \_\_\_\_\_  
 Early Career  Mid Career  Senior

**Highest Degree:**

- PhD  MSW
- MD  MPH
- ScD  MEd
- DrPH  MPP
- EdD  MPA
- JD  BA/BS
- MS  Other: \_\_\_\_\_
- MA

**Granting Institution:**

**Date of Degree:**

**PREFERENCES:**

May we post your contact information in the SPR website membership directory?  Yes  No

May we distribute your contact information to other SPR members?  Yes  No

*\*This optional information assists SPR in obtaining grants and awards.*

\*Gender:  Male  Female \*Disabled:  Yes  No

\*Ethnicity:  Black, African American  Spanish, Hispanic, Latino  
 White, Caucasian, European  American Indian, Native American  
 Asian, Pacific Islander  Other \_\_\_\_\_

**MEMBERSHIP CATEGORIES AND ANNUAL DUES**

Regular Member \$145 \$ \_\_\_\_\_

Student Member \$70 (includes students and post-doctoral fellows)  
*\*If you qualify for the student membership discount, you must provide information on your training program and expected completion date:*

Level of Study:  Bachelor's  Master's  PhD  Post-Doc Fellow

Expected completed date: \_\_\_\_\_ (mm/yyyy)

Yes, I do wish to make an investment in the future of prevention science by contributing to the SPR 2010 Annual Giving Campaign which will support such SPR activities as: develop standards of replication, fund minority scholarships, promote science and advance prevention policy.

CONTRIBUTION TO SPR (Optional):  \$25  \$50  \$100  Other \$ \_\_\_\_\_ \$ \_\_\_\_\_

(Your name will appear in our Contributor's List.)

Grand Total: Dues and Contribution: \$ \_\_\_\_\_

**PAYMENT METHOD:**

Check (Please make your check payable to SPR and return this invoice in the enclosed envelope to the address above.)

Credit Card Payment

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Federal ID: 13-3750819

SPR dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense. Contributions are deductible as charitable contributions for federal income tax purposes to the extent provided by law.

**Type of Organization:**

- College or University
- For-profit organization
- Private Practice/Consultant
- Government agency or organization
- Non-profit research center not affiliated with a university
- Non-profit service agency
- Other: \_\_\_\_\_

**Occupational Type:**

- Educator/Instructor
- Researcher
- Administrator
- Practitioner
- Policy Maker

**Research Population of Interests:**

- Infants
- Young Children
- Elementary
- Adolescents
- Adults
- Elderly

**Research Content Areas:**

- Maternal Health
- Mental Health
- Delinquency
- Alcohol
- Tobacco
- Infectious Disease
- Unemployment
- Unintended Injury
- Crime
- Gender Differences
- Cancer
- Obesity
- Diabetes
- Social/Emotional Development
- Cognitive Development
- Infant/Child Health
- Family Violence
- Academic Achievement
- Drugs
- HIV/AIDS
- Pregnancy
- Occupational Safety
- Poverty
- Cardiovascular Disease
- Chronic/Disabling Condition
- Culture/Ethnicity
- Other Health
- Physical Development
- Youth Violence

**Research Foci:**

- Epidemiology
- Neuroscience
- Other Biological
- Other Methodology
- Preventive Efficacy
- Dissemination
- Developmental Psychopathology
- Genetics
- Etiology
- Meta-Analysis
- Prevention Effectiveness
- Large Scale Implementation
- Other: \_\_\_\_\_

**Areas of Special Interest:**

- Community Mobilization
- Infrastructure
- Advocacy
- Commercial
- International
- Training

**Current Intervention Targets/Units of Interest:**

- Individuals
- Families
- Classroom
- Entire Community
- Couples
- Peer Group
- Community Group
- State

**Current Intervention Targets/Ethnicity:**

- Black, African American
- American Indian, Native American
- White, Caucasian
- Hispanic, Latino
- Asian, Pacific Islander
- Other: \_\_\_\_\_

**Prevention Activities at Your Institution:**

Is there an endowed chair in prevention at your current institution?  Yes  No

Is there a formal training program in prevention at your current institution?

- Undergraduate  Graduate
- Post-Graduate  No Program

Are there any courses in prevention science offered at your current institution?

- Undergraduate  Graduate
- Post-Graduate  No Program

Are you a member in other Prevention Science-related organization?

- Yes  No

If yes, please specify them below:

\_\_\_\_\_

\_\_\_\_\_

**Current Sources of Funding for Research in Which You are Principal or****Co-Principal Investigator:**

- CDC  NIDA  Federal Agency  Other Private Source
- NCI  NIMH  State Agency  Own Agency
- NIAAA  NHLBI  Local Government Agency  Other: \_\_\_\_\_
- NCIHD  SAMHSA  Foundation