



2011 MEMBERSHIP APPLICATION

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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 Year Professional
 Early Career Mid Career Senior Other _____

Highest Degree:
 PhD MSW
 MD MPH
 ScD MEd
 DrPH MPP
 EdD MPA
 JD BA/BS
 MS Other: _____
 MA _____

Granting Institution:

Date of Degree:

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

*Gender: Male Female
 *Disabled: Yes No
 *Ethnicity:
 Black, African American
 White, Caucasian, European
 Asian, Pacific Islander
 Spanish, Hispanic, Latino
 American Indian, Native American
 Other _____

PREFERENCES:

Select preferred *Prevention Science* journal subscription delivery? Electronic Print
 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
 Please include me in these Listservs:
 Early Career Preventionist Network (ECPN) Diversity Network Committee (DNC) International Task Force

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 2011 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 \$250 \$500 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