



2012 MEMBERSHIP APPLICATION

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Email: info@preventionresearch.org

Website: www.preventionresearch.org

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 _____

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 (ITF)

Highest Degree:

- | | |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> PhD | <input type="checkbox"/> MSW |
| <input type="checkbox"/> MD | <input type="checkbox"/> MPH |
| <input type="checkbox"/> ScD | <input type="checkbox"/> MEd |
| <input type="checkbox"/> DrPH | <input type="checkbox"/> MPP |
| <input type="checkbox"/> EdD | <input type="checkbox"/> MPA |
| <input type="checkbox"/> JD | <input type="checkbox"/> BA/BS |
| <input type="checkbox"/> MS | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> MA | |

Granting Institution:

Date of Degree:

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

*Gender: Male Female

*Disabled: Yes No

*Ethnicity:

- American Indian, Native American
 Asian, Pacific Islander
 Black, African American
 Spanish, Hispanic, Latino
 White, Caucasian, European
 Other _____

MEMBERSHIP CATEGORIES AND ANNUAL DUES (January 1, 2012 – December 31, 2012)

Regular Member \$170 \$ _____

Student Member \$75 (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 completion date: _____ (mm/yyyy)

Yes, I do wish to make an investment in the future of prevention science by contributing to the SPR 2012 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 (VISA and MasterCard)

Account Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Federal ID: 13-3750819, IRS 501(c) 3

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
- Government agency or organization
- Non-profit research center not affiliated with a university
- Non-profit service agency
- Private Practice/Consultant
- Other: _____

Research Content Areas:

- Academic Achievement
- Alcohol
- Cancer
- Cardiovascular Disease
- Cognitive Development
- Crime
- Delinquency
- Diabetes
- Drugs
- Family Violence
- Gender Differences
- HIV/AIDS
- Infant/Child Health Development
- Injury, unintended
- Maternal Health
- Mental Health
- Obesity
- Occupational Safety
- Other Chronic/Disabling Condition
- Other Health
- Other Infectious Disease
- Physical Development
- Physical Health
- Poverty and Economic Issues
- Pregnancy
- Race, Culture, Ethnicity
- Social/Emotional Development
- Substance Use or Abuse
- Tobacco
- Unemployment
- Youth Violence
- Other: _____

Research Foci:

- Developmental Psychopathology
- Dissemination & Implementation Science
- Epidemiology
- Etiology
- Genetics
- Large Scale Implementation
- Meta-Analysis
- Neuroscience
- Other Biological
- Other Methodology
- Prevention Effectiveness
- Prevention Efficacy
- Other: _____

Occupational Type:

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

Research Population of Interests:

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

Areas of Special Interest:

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

Current Intervention Targets/Units of Interest:

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

Current Intervention Targets/Ethnicity:

- American Indian, Native American
- Asian, Pacific Islander
- Black, African American
- Spanish, Hispanic, Latino
- White, Caucasian
- 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 courses in prevention science offered at your current institution?

- Undergraduate Graduate
- Post-Graduate No Program

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

- 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