



2010 MEMBERSHIP APPLICATION

CONTACT INFORMATION (for Institutional membership please list liaison contact information):

Dr. Mr. Ms. Mrs. Other _____

First Name _____ Middle Name(optional): _____ Last Name: _____

Degrees: _____ Title: _____

Institution: _____

Department: _____ Division: _____

Address: _____

Work Home

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Yes! Sign me up for APTR*Talk*, the members-only online

Yes! Sign me up for APTR *News Now!*, the weekly electronic newslet-

MEMBERSHIP CATEGORIES

INDIVIDUAL MEMBERSHIP

* ONLY INSTITUTIONAL MEMBERS ARE ELIGIBLE FOR RESEARCH FUNDING

\$175.00 INDIVIDUAL

Professional who is involved and/or interested in the field of preventive medicine and public health.

\$175.00 ASSOCIATE

Professional who is involved and/or interested in the field of preventive medicine and public health.

\$65.00 STUDENT

Student enrolled in a degree-seeking undergraduate or graduate health professions education program. Only includes an online subscription to the American Journal of Preventive Medicine. Please include a current copy of student identification.

\$90.00 RETIRED

Does NOT include a subscription to the American Journal of Preventive Medicine.

ORGANIZATIONAL MEMBERSHIP

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\$700.00 ACADEMIC UNIT

A department within a medical school, school of public health, program of public health, or other related academic department.

\$700.00 GRADUATE PUBLIC HEALTH PROGRAM

Stand-alone schools or programs of public health or any department within a medical school, liberal arts and sciences school, health professions school or other institution type which grants a Master of Public Health degree or other public-health related graduate degree (MPH, MSPH, DrPH, PhD, MHA, etc.).

\$700.00 PRACTICE INSTITUTIONAL

Institution that does not meet the requirements of an Academic Unit member, but is delivering prevention education, prevention services, or community and/or public health delivery. *This is not intended for professional associations.*

\$700.00 HEALTH AGENCY

Institution that is a local, state or federal health agency.

Are you Board Certified?

- Preventive Medicine Pediatrics
- Family Medicine Other _____
- Internal Medicine Aerospace Medicine
- Occupational Medicine

Student Applicant: What is your expected date of graduation?
(Month/Year) _____

Type of Institution:

- Medical School Nursing School
- Corporation School of Public Health
- Medical Center/Hospital Federal Agency
- Academic Health Center University
- Private Practice State Health Department
- Research Center Graduate Public Health Program
- Military Other: _____

PAYMENT INFORMATION

Amount Enclosed \$ _____

Payment: Visa MasterCard Check Enclosed

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ Signature: _____

Contact Phone: _____

Make checks payable to "APTR." Checks written on non-U.S. banks, an additional \$15.00 fee applies.

Return membership application to:

Association for Prevention Teaching and Research

Attn: Member Services

1001 Connecticut Avenue, NW Suite 610

Washington, DC 20036

or

Fax: 202.463.0555

CONTACT MEMBER SERVICES

membership@aptrweb.org • (866) 520- APTR

www.aptrweb.org

