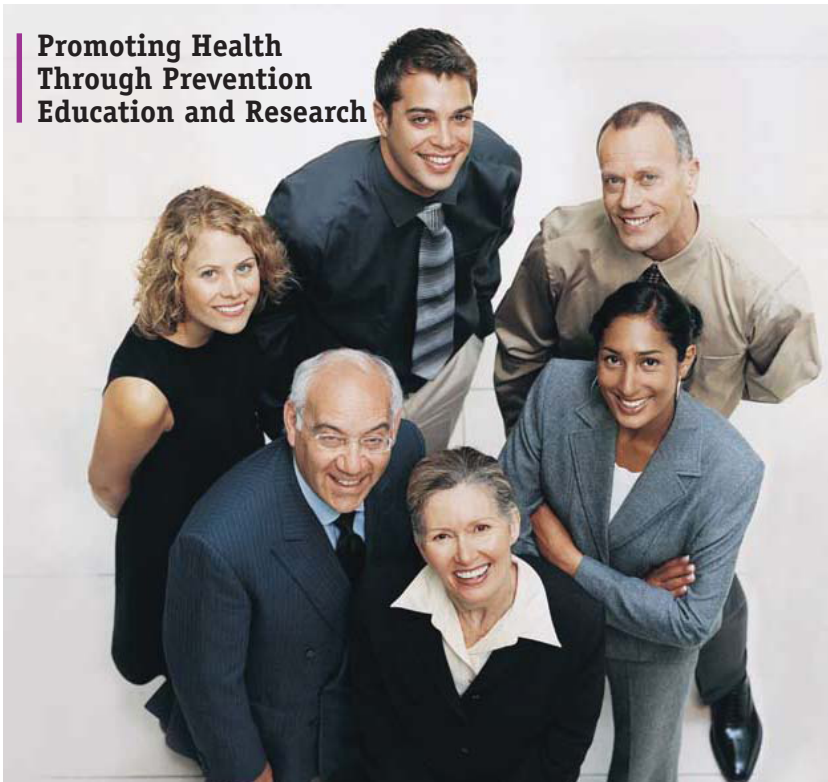


**Promoting Health
Through Prevention
Education and Research**



→ **About APTR**

The Association for Prevention Teaching and Research is the professional organization representing accredited and emerging graduate public health programs, medical and health professions faculty, and students dedicated to interprofessional prevention education and research.

APTR advances population-based and public health education, research and service by linking and supporting members from across the academic prevention community and develops curricular resources, professional development programs, and tools for its diverse membership.

→ **How Do I Join?**

Enhance your knowledge and expertise, join today! Simply visit www.aptrweb.org/join. You can also request an application by calling toll-free (866) 520-APTR.

→ **Why Join APTR?**

By becoming an institutional member of APTR, your department is eligible for grant funding and benefits from the many education and training opportunities offered by APTR. You will join a network of faculty passionate about the integration of prevention, population health and public health into medical and health professions education.

→ **Membership Categories**

ACADEMIC INSTITUTION

Membership is open to departments within a health professions academic institution such as a medical school, school of nursing, school of pharmacy, school of dentistry, and school of public health. Membership applies to one department on the same campus.

HEALTH AGENCY

Membership is open to state or local health departments that currently or are interested in offering training opportunities for students.

PRACTICE INSTITUTION

Membership is open to institutions that are not academic but are related to prevention, public health education or research.

→ **Membership**

Institutional members will:

- Appoint four (4) voting members to the Council of Graduate Programs in Public Health: one key faculty contact and three (3) additional program representatives where at least one member is the program director and one member is serving as an administrative representative.
- Nominate five (5) regularly enrolled graduate students for student membership.

EACH REPRESENTATIVE RECEIVES:

Complimentary subscriptions to:

- *American Journal of Preventive Medicine*
- APTR News Now!
- Funding opportunity notices
- Funding eligibility from APTR
- APTR Quarterly

EACH STUDENT MEMBER RECEIVES:

- APTR News Now
- Training and career opportunity notices
- Access to student-related activities and programs

Students should visit the APTR website and join using the online application or contact APTR.



www.aptrweb.org



2012 INSTITUTIONAL MEMBERSHIP APPLICATION

INSTITUTION INFORMATION

Institution: _____

Department: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Website: _____

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: _____

PRIMARY CONTACT

This person will be the primary contact for renewals and other business related activities

Dr. Mr. Ms. Mrs. Other _____

First Name: _____ Last Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Phone: _____ Fax: _____ Personal/Mobile: _____

Second Representative Dr. Mr. Ms. Mrs. Other _____

First Name: _____ Last Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Phone: _____ Fax: _____ Personal/Mobile: _____

Third Representative Dr. Mr. Ms. Mrs. Other _____

First Name: _____ Last Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Phone: _____ Fax: _____ Personal/Mobile: _____

Fourth Representative Dr. Mr. Ms. Mrs. Other _____

First Name: _____ Last Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Phone: _____ Fax: _____ Personal/Mobile: _____

PAYMENT INFORMATION

\$875.00 Academic Unit | \$875.00 Practice Institutional | \$875.00 Health Agency

Payment: Visa MasterCard Check Enclosed *Checks payable to "APTR." \$15 fee for non-U.S. bank check*

Card #: _____ Exp. Date: _____

Cardholder Name: _____ Signature: _____

Contact Phone: _____

Return membership application to:

APTR | Attn: Member Services | 1001 Connecticut Avenue, NW Suite 610 | Washington, DC 20036 or Fax: 202.463.0555