



# 2009 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

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## 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

