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E-MAIL: membership@srnt.org • WEBSITE: www.srnt.org

MEMBERSHIP APPLICATION FORM

Membership Year: January 1 - December 31

Last Name: _____ First: _____ M.I.: _____

Degree(s): _____ Date of Birth: ____/____/____ Female Male

Please provide the information you would like SRNT to use when contacting you.

This address is: Office Address Home Address

Institution: _____

Department: _____

Street: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Daytime Phone: (____) _____ Fax: (____) _____ E-Mail: _____

The SRNT **Membership Directory** is available on the SRNT website.

Check here if you DO NOT wish to be listed in the directory.

Please list (a) your current place of employment/affiliation, (b) position/title, and (c) profession/discipline.

(a) _____

(b) _____

(c) _____

AFFILIATION TYPE

(Check one only)

- ___ Corporation/Business
- ___ Government
- ___ Hospital/Clinic
- ___ Medical School
- ___ Private Practice
- ___ College/University
- ___ Independent Research

ACTIVITY/TIME

(Rank activity time from 1 to 5, with 1 being the most important)

- ___ Administration
- ___ Clinical Practice
- ___ Research
- ___ Supervision/Teaching
- ___ Other _____

NICOTINE AND TOBACCO INTERESTS

(Rank your interests from 1 to 8, with 1 being the most important)

- ___ Biobehavioral Research
- ___ Biological and Molecular Research
- ___ Community Intervention
- ___ Drug Development/Delivery Research
- ___ Economic and Social Research
- ___ Epidemiology and Public Health Research
- ___ Outcome Research
- ___ Other _____

MEMBERSHIP APPLICATION FORM (continued)

Please list as references two persons familiar with your work. Include their names, titles, addresses, phone numbers and email addresses:

Please list at least one peer-review publication on nicotine, tobacco control, or a related topic, if applying for Full Membership:

STUDENT/TRAINEE VERIFICATION

Current Academic Year:

First Second Third Fourth Fifth or above

Are you currently on Internship?

yes no

Are you currently on Post-doctoral Fellowship?

yes no

This certifies that _____
is enrolled as a full-time trainee for the
_____ academic year.

Name of Supervisor/Department Chair

Signature of Supervisor/Department Chair Date

The above statements are factual to the best of my knowledge, and I give the Membership Committee permission to verify them by contacting the persons and organizations listed above. I understand that I will not use my membership in the Society as an indication of my competence in any representation to the public, nor will I represent my personal views or opinions to the media or the public as official positions of SRNT in the absence of authorization by the Board of Directors. I affirm that I support the goals of the Society to stimulate new knowledge concerning nicotine, to foster the exchange of scientific information on nicotine and tobacco dependence, and to encourage research on public health efforts for the prevention and treatment of cigarette smoking and tobacco use.

Signature: _____

Date: _____

Failure to include your vitae or resume, or signed Student/Trainee verification may result in a delay in the processing of your application.

PAYMENT OPTIONS

Please include payment with your membership application. SRNT now offers the option of applying for membership with a credit card via our website: <http://www.srnt.org>. Additional payment options are listed below. No purchase orders, please.

- | | |
|---|---------|
| <input type="checkbox"/> Full (High Income Countries) | \$150* |
| <input type="checkbox"/> Full (High-Middle Income Countries) | \$100* |
| <input type="checkbox"/> Full (Low-Middle Income Countries) | \$ 65* |
| <input type="checkbox"/> Full (Low Income Countries) | \$ 30* |
| <input type="checkbox"/> Affiliate (High Income Countries) | \$150* |
| <input type="checkbox"/> Affiliate (High-Middle Income Countries) | \$100* |
| <input type="checkbox"/> Affiliate (Low-Middle Income Countries) | \$ 65* |
| <input type="checkbox"/> Affiliate (Low Income Countries) | \$ 30* |
| <input type="checkbox"/> Retired | \$ 65 |
| <input type="checkbox"/> Student/Trainee | \$ 48** |

* A copy of your vitae or resume must accompany this application.

** Verification of Student/Trainee status must accompany renewal/application.

Dues categories are based on economies as defined by the World Bank. A list of countries according to global economies is available online at www.srnt.org.

I wish to pay by:

- Personal Check
 Institutional Check

Check Number: _____
Make Checks Payable to **SRNT** in U.S. Currency Only.

- Mastercard
 Visa
 American Express

Expiration Date: _____

Credit Card #: _____

Print Name: _____

Signature: _____

MAIL TO:

Membership Chair
Society for Research on Nicotine and Tobacco
2810 Crossroads Drive, Suite 3800
Madison, WI 53718-7961 USA