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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 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. If you do not check this box, your contact information will be available in the members-only section of the SRNT website to the membership through the SRNT website.

Check this box if you are willing for SRNT to share your mailing address with outside agencies related to our field for promotional purposes.

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

(a) _____

(b) _____

(c) _____

TOPICAL NETWORKS

All SRNT members are eligible to participate in one or more Topical Networks. Please select which Network(s) you would like to join: (see Network descriptions on page 3)

- Basic Science
- Genetics
- Global Health
- Health Disparities
- Public Policy
- Treatment

JOURNAL

- Print and Online Access
- Online Access Only

SRNT EUROPE CHAPTER DUES (OPTIONAL)

- SRNT-Europe Chapter Dues,
Regular \$15
- SRNT-Europe Chapter Dues,
Student \$5

TOBACCO INDUSTRY AFFILIATION

Persons employed by the tobacco industry are ineligible for membership in SRNT.

I am not employed by a company or business defined by WHO as part of the tobacco industry, specifically tobacco manufacturers, wholesale distributors and/or importers of tobacco products.

Member Signature: _____

YOUR NAME: _____

I. Specialty Areas of Research or Interest (check all that apply):

Pre-Clinical Research

- Neuroscience
- Genetics/Genomics
- Behavioral Pharmacology
- Molecular Biology
- Animal Models
- Physiology
- Receptor Biophysics
- Medicinal Chemistry
- Other: _____

Clinical Research

- Neuroscience
- Genetics/Genomics
- Human Biobehavioral/Psychophysiological
- Behavioral Treatment
- Clinical Pharmacology/Pharmacotherapy
- Psychiatric or Substance Use Comorbidities/Co-Occurring Disorders
- Other: _____

Public Health Research

- Epidemiology
- Nosology/Dependence Measurement
- Community Intervention
- Health Economics
- Communications/Media Messaging
- Other: _____

Policy Research

- Dissemination
- Global Health
- Public Policy
- Communications/Marketing
- Advocacy
- Other: _____

II. Populations of Interest (check all that apply):

- Rodents
- Human adolescents/young adults
- Medical Patients
- Pregnant Women
- Lesbian/Gay/Bisexual/Transgendered (LGBT)
- Socioeconomically Disadvantaged
- Racial/Ethnic Minority Populations
- Smokers with Psychiatric Comorbidities
- Smokers with Substance Use Comorbidities
- Other: _____

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 view 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 and tobacco dependence, and to encourage research on public health efforts for the prevention and treatment of cigarette smoking and tobacco use.

Signature: _____

Date: _____

YOUR NAME: _____

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.

- Full (High Income Countries) \$150
- Full (High-Middle Income Countries) \$100
- Full (Low-Middle Income Countries) \$65
- Full (Low Income Countries) \$30
- Affiliate (High Income Countries) \$150
- Affiliate(High-Middle Income Countries) \$100
- Affiliate (Low-Middle Income Countries) \$65
- Affiliate (Low Income Countries) \$30
- Retired \$65
- Student/Trainee \$48**

* A copy of your vitae or resume must accompany this application.
**Verification of Student/Trainee status must accompany form.

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: _____

TOPICAL NETWORK DESCRIPTIONS

BASIC SCIENCE NETWORK

Charge: To provide an outlet for SRNT members undertaking basic science research to network with one another; to provide guidance to the SRNT Board and committees as necessary to better inform programs and/or discussions that address basic science; to help SRNT advance the field of basic science research globally.

Co-Chairs: Christian Chiamulera and Marina Piciotto

GENETICS NETWORK

Charge: To provide an outlet for SRNT members undertaking genetics research to network with one another; to provide guidance to the SRNT Board and committees as necessary to better inform programs and/or discussions that address genetics; to follow, be updated on and participate in research of genetics of smoking, nicotine dependence, nicotine metabolism, addictions and smoking-related diseases.

Co-Chairs: Andrew Bergen and Jaakko Kaprio

GLOBAL HEALTH NETWORK

Charge: To support SRNT members working in lower-income countries; to provide guidance to the SRNT Board and committees as necessary to better inform discussions that directly or indirectly address issues related to research and researcher in lower income countries; and to enhance the overall mission of SRNT by actively promoting and encouraging sustained global involvement in tobacco control science.

Co-Chairs: Harry Lando and Scott Lieschow

TOBACCO-RELATED HEALTH DISPARITIES NETWORK (TRHD)

Charge: (1) to advance tobacco-related health disparities research; (2) engage researchers of diverse backgrounds, expertise and levels of experience in collaborative disparities-related research efforts and promote networking among SRNT members working in the field of tobacco-related health disparities; (3) provide guidance to the SRNT Board and committees as necessary to inform issues related to tobacco-related health disparities; and (4) educate the research community on the importance of identifying and addressing tobacco-related health disparities.

Co-Chairs: Lisa Sanderson Cox and Donna Vallone

PUBLIC HEALTH POLICY NETWORK

Charge: To provide an outlet for SRNT members working in the area of public policy to network with one another; to provide guidance to the SRNT Board and committees as necessary to better inform programs and/or discussions that address public policy; to review and recommend to the board policy statements related to legislation, regulation, organizational and/or international issues that focus on or include references to nicotine and tobacco.

Co-Chairs: Geoffrey Fong and Mitch Zeller

TREATMENT NETWORK

Charge: To provide an outlet for SRNT members who work in tobacco dependence treatment research to network with one another and to provide scientific advice on matters of tobacco dependence treatment and guidance to the SRNT Board and committees as necessary to better inform programs and/or discussions that address treatment of tobacco dependence.

Co-Chairs: Jasit Ahluwalia and Glen Morgan

MAIL TO:

Membership Chair
Society for Research on Nicotine and Tobacco
2424 American Lane
Madison, WI 53704-3102 USA