



Mr. Ms. Mrs. Dr.

Member ID (if known) _____

First Name

Last Name

Membership Address

Organization

Department

Address Line 1

Address Line 2

City/State/Postalcode

Country

Primary Phone

Office Mobile Home

Secondary Phone

Office Mobile Home

Fax

Email

Twitter Handle

Membership Type (select one) Rates include online access to AJE

Regular Member (\$115)

Student/Post Doc Discount Member (\$25-No AJE Access)

Early Career Member (\$100)

Emeritus/Retired Member (\$95)

Student/Post Doc Member (\$85)

AJE Print Edition Member (\$175)

The following information is helpful to the Society for understanding the composition of its membership, professional needs the membership may have, and in identifying opportunities for service to the Society. Please check the best response that captures your information:

Sociodemographic Information

Sex Female Male

Race/ethnicity (check all that apply)
 Asian
 American Indian/Alaska Native
 Black / African American

Hispanic or Latino
 Native Hawaiian/Pacific Islander
 Other, specify:

Multi Racial/ethnic
 White

Employment/Academic History

Current Employment Academic Institution Industry Student
 Contract Research Organization Local or State Government Self Employed
 Federal Government Retired
 Other, specify:

Country of Employment (or location of academic institution for students/fellows)

Within the United States

State: _____

Outside the U.S.

Country: _____

Academic Degrees Received

MPH MA, MS PhD ScD or DSc DrPH
 MD DDS DVM Other, specify:

Year highest degree conferred (specify year, if >1 MD or doctoral degree, list year of first) **Year:** ___/___/___/___/

What is your Primary Research Interest and Expertise

<input type="checkbox"/> Aging	<input type="checkbox"/> Environment	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Obesity	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Alternative Medicine	<input type="checkbox"/> Ethics	<input type="checkbox"/> Injuries	<input type="checkbox"/> Occupation	<input type="checkbox"/> Screening
<input type="checkbox"/> Behavior	<input type="checkbox"/> Genetics	<input type="checkbox"/> Men's Health	<input type="checkbox"/> Perinatal & Pediatric	<input type="checkbox"/> Social
<input type="checkbox"/> Cancer	<input type="checkbox"/> Global Health	<input type="checkbox"/> Methods	<input type="checkbox"/> Policy	<input type="checkbox"/> Statistics
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Health Disparities	<input type="checkbox"/> Molecular	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance use
<input type="checkbox"/> Climate Change	<input type="checkbox"/> Health Services	<input type="checkbox"/> Neurology	<input type="checkbox"/> Renal	<input type="checkbox"/> Violence
<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV/STI	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Reproductive	<input type="checkbox"/> Women's Health
<input type="checkbox"/> Other, specify:				

What is your Secondary Research Interest and Expertise

<input type="checkbox"/> Aging	<input type="checkbox"/> Environment	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Obesity	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Alternative Medicine	<input type="checkbox"/> Ethics	<input type="checkbox"/> Injuries	<input type="checkbox"/> Occupation	<input type="checkbox"/> Screening
<input type="checkbox"/> Behavior	<input type="checkbox"/> Genetics	<input type="checkbox"/> Men's Health	<input type="checkbox"/> Perinatal & Pediatric	<input type="checkbox"/> Social
<input type="checkbox"/> Cancer	<input type="checkbox"/> Global Health	<input type="checkbox"/> Methods	<input type="checkbox"/> Policy	<input type="checkbox"/> Statistics
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Health Disparities	<input type="checkbox"/> Molecular	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance use
<input type="checkbox"/> Climate Change	<input type="checkbox"/> Health Services	<input type="checkbox"/> Neurology	<input type="checkbox"/> Renal	<input type="checkbox"/> Violence
<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV/STI	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Reproductive	<input type="checkbox"/> Women's Health
<input type="checkbox"/> Other, specify:				

Other Research Interests & Expertise (check all that apply)

<input type="checkbox"/> Aging	<input type="checkbox"/> Environment	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Obesity	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Alternative Medicine	<input type="checkbox"/> Ethics	<input type="checkbox"/> Injuries	<input type="checkbox"/> Occupation	<input type="checkbox"/> Screening
<input type="checkbox"/> Behavior	<input type="checkbox"/> Genetics	<input type="checkbox"/> Men's Health	<input type="checkbox"/> Perinatal & Pediatric	<input type="checkbox"/> Social
<input type="checkbox"/> Cancer	<input type="checkbox"/> Global Health	<input type="checkbox"/> Methods	<input type="checkbox"/> Policy	<input type="checkbox"/> Statistics
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Health Disparities	<input type="checkbox"/> Molecular	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Substance use
<input type="checkbox"/> Climate Change	<input type="checkbox"/> Health Services	<input type="checkbox"/> Neurology	<input type="checkbox"/> Renal	<input type="checkbox"/> Violence
<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV/STI	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Reproductive	<input type="checkbox"/> Women's Health
<input type="checkbox"/> Other, specify:				

Review and Volunteer Opportunities

Have you been asked to review for the AJE, the Society's official journal, in the past year? Yes
 No; would you like to review?: Yes No

Member Involvement

What is the primary reason you are or are becoming a member of SER?

- Annual Meeting Discount
- AJE Access
- SERdigital
- SERplaylist
- SERtalks
- Other: Please Explain.

SER asks members to help with abstract reviews, committee memberships or in developing training resources. Please specify

your willingness to participate in such activities

- Not at this time
- Yes, specify (check all that apply)
 - Annual meeting abstract review
 - Committee membership
 - Awards Committee
 - Communications Committee
 - Education and Professional Development Committee
 - Membership and Nominations Committee
 - Publications Committee
 - Training opportunities
 - SERdigital SERplaylist
 - SERexperts SERtalks

Professional Affiliations

Of what other professional epidemiologic or public health societies are you a member? (check all that apply)

- AAAS, American Society for the Advancement of Science; member fellow
- AES, American Epidemiologic Society
- ACE, American College of Epidemiology
- APHA, American Public Health Association
- IEA, International Epidemiology Association
- ISEE, International Society for Environmental Epidemiology
- ISPE, International Society for Pharmacoepidemiology
- NAS, The National Academies IOM NAS NRC NES
- SPER, Society for Pediatric & Perinatal Epidemiologic Research
- Other, specify _____

Would you like to be included in the Membership Directory

- Yes
- No

Payment Information (required)

- Visa MasterCard American Express Discover
- Check; Made payable to SER, PO Box 990, Clearfield, UT 84089 (EIN:52-1138509)

Credit Card Number _____

Expiration Date _____

Security Code _____

Signature _____