



Mr. Ms. Mrs. Dr.

First Name	Last Name
Organization	
Department	
Address Line 1	
Address Line 2	
City/State/Postal Code	
Country	
Primary Phone	
Secondary Phone	
Fax	
Email	
Twitter Handle	

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

- | | |
|---|---|
| <input type="checkbox"/> Regular Member (\$150) | <input type="checkbox"/> Regular Member 3-Year (\$345)* |
| <input type="checkbox"/> Early Career Member (\$100) | <input type="checkbox"/> Regular Member 5-Year (\$575)* |
| <input type="checkbox"/> Student/Postdoc Member (\$85) | <input type="checkbox"/> Early Career Member 3-Year (\$230)* |
| <input type="checkbox"/> Emeritus/Retired Member (\$95) | <input type="checkbox"/> Student/PostDoc Member 3-Year (\$105)* |
| <input type="checkbox"/> AJE Print Edition Member (\$215) | <input type="checkbox"/> Emeritus Member 3-Year (\$195)* |
| <input type="checkbox"/> Student/Post Doc Discount (\$35) | <input type="checkbox"/> Emeritus Member 5-Year (\$325)* |

*Multi Year memberships does not include AJE journal subscriptions

Sociodemographic Information

- | | | | |
|------------------------|---|---|--|
| Sex | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Multi Racial/Ethnic |
| Race/ethnicity | | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native |
| (check all that apply) | <input type="checkbox"/> Black / African American | <input type="checkbox"/> White | |
| | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other, specify: | |

Employment/Academic History

- | | | | |
|---------------------------|---|---|--|
| Current Employment | <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Industry | <input type="checkbox"/> Student |
| | <input type="checkbox"/> Contract Research Organization | <input type="checkbox"/> Local or State | <input type="checkbox"/> Self Employed |
| | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Retired | |
| | <input type="checkbox"/> Other, specify: | | |

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

- | | |
|---|----------------|
| <input type="checkbox"/> Within the United States | State: _____ |
| <input type="checkbox"/> Outside the U.S. | Country: _____ |

Which Best Describes your Rank

- Current Employment**
- | | |
|---|--|
| <input type="checkbox"/> Tenure-Track Assistant Professor | <input type="checkbox"/> Tenure-Track Associate Professor |
| <input type="checkbox"/> Tenure-Track Full Professor | <input type="checkbox"/> non Tenure-Track Assistant Professor |
| <input type="checkbox"/> non Tenure-Track Assistant Professor/Lecturer | <input type="checkbox"/> non Tenure-Track Associate Professor |
| <input type="checkbox"/> non Tenure-Track Full Professor | <input type="checkbox"/> Private Industry Researcher |
| <input type="checkbox"/> Dean/Associate Dean/Head of Research Institute/
Department Chair/other Head Administrative position | <input type="checkbox"/> Non-profit Research Organization Researcher |
| <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Non-Researcher at a Researcher Organization |
| <input type="checkbox"/> Predoctoral Fellow | <input type="checkbox"/> Post-Doctoral Fellow |
| | <input type="checkbox"/> Master's Student |

- | | | | | |
|------------------------------|---------------------------------|------------------------------|--|-------------------------------|
| <input type="checkbox"/> MPH | <input type="checkbox"/> MA, MS | <input type="checkbox"/> PhD | <input type="checkbox"/> ScD or DSc | <input type="checkbox"/> DrPH |
| <input type="checkbox"/> MD | <input type="checkbox"/> DDS | <input type="checkbox"/> DVM | <input type="checkbox"/> 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, participate on committees 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

Diversity and Inclusion

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 _____