



Society for Advancement of Violence and Injury Research (SAVIR)
Membership Application
(Professional, Student, Emeritus Membership)

Last Name _____ First Name _____

Position Title _____ Degrees/Prof. Certifications _____

Employer (primary) _____

Address (mailing)

Street _____ Suite/Apt _____

City _____ State/Province _____ Postal code _____

Country _____

W. Phone _____ Fax _____

H. Phone _____ Mobile _____

Email address _____

Web page address _____

Center Affiliation _____

Academic, Government, or Industry Affiliation _____

Annual membership dues are Professional (\$90), Student (\$35), Emeritus (\$35)

Payment is accepted in U.S. dollars, Checks, MasterCard or Visa and must accompany this form.

Credit Card

Please charge my MasterCard or Visa (check one):

- Professional (\$90) Student (\$35) Emeritus (\$35)

Credit Card # _____ Expiration Date _____

Print name as it appears on credit card (if different from the member's name above)

Credit Card billing address (if different from the name above)

Check

Please make checks payable to: SAVIR

I understand acceptance of my application for membership in SAVIR is contingent upon my agreement to support its mission and goals as described on the back of this application form. I affirm that the information provided in this application is accurate and I do support the mission and goals of SAVIR.

Signature _____ Date _____

611 Pennsylvania Avenue, SE, #2100, Washington, DC 20003-4303
Website: www.savirweb.org Phone: (202) 955-3116 Email: admin@savirweb.org

MEMBER PROFILE

How did you learn about membership in SAVIR?

- Colleague's invitation
Colleague's name (so we may thank him/her) _____
- SAVIR web site
- Mailing from SAVIR
- Other (please describe) _____

Members determine the future of SAVIR. Please select any of the following committee activities you may wish to participate in:

- Conference planning
- Training and education
- Advocacy and public policy
- Membership and organizational development
- Scientific policy and research
- Council of Centers

Other activities (please describe) _____

Describe your main professional activities (select all that apply):

- Injury prevention research (experimental, observational, qualitative, quantitative, translational)
- Injury program evaluation
- Teach injury prevention research and/or evaluation
- Study for a future career in injury prevention research and/or evaluation
- Other (please describe) _____