



2025 Membership Application Form

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Phone (703) 934 – 4850

Email: info@preventionresearch.org

Website: preventionresearch.org

Membership Status (check one): ☐ Renewing Member ☐ New Member

Membership Information

Full Name (first, MI, last): _____

Pronouns: ☐ He/him/his ☐ She/her/hers ☐ They/them/theirs ☐ Other _____

Position/Title: _____

Is this an endowed position? ☐ Yes ☐ No

Employer/Institution/Organization: _____

Division/Department: _____

Mailing Address: _____

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

Country: _____

Phone: _____ Fax: _____

Email Address: _____

Career Level:

- ☐ Student ☐ First Year Professional ☐ Mid-Career ☐ Other
☐ Post-Doctoral Fellow ☐ Early Career ☐ Senior Career

SPR Code of Conduct (approved February 10, 2020). To access the Code of Conduct, go to <https://www.preventionresearch.org/about-spr/code-of-conduct>.

_____ I acknowledge that I have received, read, and understand the Society for Prevention Research (SPR) Code of Conduct. I understand that failure to comply with the code of conduct could result in a disciplinary action up to and including suspension of membership.

Preferences

Select preferred *Prevention Science* journal subscription delivery?

☐ Electronic ☐ Print

May we post your contact information in the SPR website membership directory?

☐ Yes ☐ No

May we distribute your contact information to other SPR members?

☐ Yes ☐ No

Please include me in these Listservs: ☐ Early Career Preventionist Network (ECPN) ☐ Diversity Network Committee (DNC) ☐ International Task Force (ITF)

Membership Categories and Annual Dues (check one): *SPR membership year is from January 1st through December 31st.*

☐ Regular Member \$205

\$ _____

☐ New Professional Member \$95 (this category includes those who have received their degree within the past three years.)

\$ _____

☐ Student Member \$75 (includes students and post-doctoral fellows)

\$ _____

*If you qualify for the student membership discount, you must provide information on your training program and expected completion date:

Level of Study: ☐ Bachelor's ☐ Master's ☐ PhD ☐ Post-Doc Fellow

Expected completion date: _____ (mm/yyyy)

Contributions

 (optional):

☐ Yes, I do wish to make an investment in the future of prevention science by contributing to the **SPR 2024 Annual Giving Campaign**

which will support such SPR activities as: develop standards of replication, fund minority scholarships, promote science and advance prevention policy.

Indicate Donation Amount: ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ Other \$ _____

\$ _____

☐ Yes, I do wish to contribute to the **ECPN John B. Reid Early Career Award fund.**

Indicate Donation Amount: ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ Other \$ _____

\$ _____

(Your name will appear in our Contributor's List.)

Grand Total: Dues and Contribution:

\$ _____

Payment Method

☐ Check (Please make your check payable to SPR and return this invoice to the address above.)

☐ Credit Card Payment (VISA and MasterCard only)

Account Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Federal ID: 13-3750819, IRS 501(c) 3

SPR dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense. Contributions are deductible as charitable contributions for federal income tax purposes to the extent provided by law.

***All demographical questions below are required.**

*Type of Organization: <input type="checkbox"/> College or university <input type="checkbox"/> For-profit organization <input type="checkbox"/> Government agency or organization <input type="checkbox"/> Non-profit research center not affiliated with a university <input type="checkbox"/> Non-profit service agency <input type="checkbox"/> Private practice/consultant <input type="checkbox"/> Other: _____	*Occupational Type: <input type="checkbox"/> Administrator <input type="checkbox"/> Educator/instructor <input type="checkbox"/> Policy maker <input type="checkbox"/> Practitioner <input type="checkbox"/> Researcher	*Research Population of Interests: <input type="checkbox"/> Infants <input type="checkbox"/> Young Children <input type="checkbox"/> Elementary <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Elderly
*Research Content Areas: <div> <input type="checkbox"/> Academic Achievement <input type="checkbox"/> Addiction <input type="checkbox"/> Aging <input type="checkbox"/> Alcohol <input type="checkbox"/> Allergies <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma and Other Respiratory Diseases <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Cognitive Development <input type="checkbox"/> Communication Disorders <input type="checkbox"/> Complementary and Alternative Medicine <input type="checkbox"/> Crime <input type="checkbox"/> Delinquency <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug Use <input type="checkbox"/> Environmental Health <input type="checkbox"/> Family Violence <input type="checkbox"/> Gender Differences <input type="checkbox"/> Genomics <input type="checkbox"/> Health Literacy </div> <div> <input type="checkbox"/> Healthcare-Associated Infection <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Imaging and Bioengineering <input type="checkbox"/> Infant/Child Health Development <input type="checkbox"/> Injury, unintended <input type="checkbox"/> Kidney Disorders <input type="checkbox"/> Maternal Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Minority Health and Health Disparities <input type="checkbox"/> Motor Vehicle Accidents <input type="checkbox"/> Neurological Disorders <input type="checkbox"/> Nutrition <input type="checkbox"/> Obesity <input type="checkbox"/> Occupational Safety <input type="checkbox"/> Oral Health <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Other Chronic/Disabling Condition <input type="checkbox"/> Other Health <input type="checkbox"/> Other Infectious Disease <input type="checkbox"/> Physical Activity <input type="checkbox"/> Physical Development <input type="checkbox"/> Physical Health </div> <div> <input type="checkbox"/> Poverty and Economic Issues <input type="checkbox"/> Pregnancy <input type="checkbox"/> Preparedness <input type="checkbox"/> Public Health <input type="checkbox"/> Quality of Life <input type="checkbox"/> Race, Culture Ethnicity <input type="checkbox"/> Sexual Behaviors <input type="checkbox"/> Sexually Transmitted Diseases <input type="checkbox"/> Skin Diseases <input type="checkbox"/> Sleep Disorders <input type="checkbox"/> Social/Emotional Development <input type="checkbox"/> Stroke <input type="checkbox"/> Substance Use or Abuse <input type="checkbox"/> Suicide <input type="checkbox"/> Tobacco <input type="checkbox"/> Unemployment <input type="checkbox"/> Vision <input type="checkbox"/> Women's Health <input type="checkbox"/> Youth Violence <input type="checkbox"/> Other: _____ </div>		
*Research Methods: *Design <div> <input type="checkbox"/> Adaptive Intervention Designs <input type="checkbox"/> Adaptive Research Designs <input type="checkbox"/> Cohort-Sequential (Accelerated Longitudinal) Designs <input type="checkbox"/> Cross-Sectional Designs <input type="checkbox"/> Fractional Factorial Designs </div> <div> <input type="checkbox"/> Group- or Cluster-Randomized trials <input type="checkbox"/> Hybrid Designs Combining Effectiveness and Implementation <input type="checkbox"/> Mixed or Multi-Method Designs for Qualitative and Quantitative Studies <input type="checkbox"/> Multiple Baseline Designs Quasi-experimental Designs <input type="checkbox"/> Regression Discontinuity Designs </div> <div> <input type="checkbox"/> Sequential Multiple-Assignment Randomized Trials (SMARTs) <input type="checkbox"/> Time Series Designs <input type="checkbox"/> Not Applicable </div>		
*Analytic - Quantitative <div> <input type="checkbox"/> Agent Based Modeling <input type="checkbox"/> Analysis of High-Dimensional Data <input type="checkbox"/> Analysis of Small Sample Data <input type="checkbox"/> Bayesian Methods <input type="checkbox"/> Complier Average Casual Effect (CACE) Analysis <input type="checkbox"/> Casual Inference <input type="checkbox"/> Cost-Effectiveness Methods <input type="checkbox"/> Data Mining <input type="checkbox"/> Decision Analysis <input type="checkbox"/> Econometric Methods <input type="checkbox"/> General Linear Modeling (including regression, multivariate analysis) <input type="checkbox"/> Generalized Linear Modeling (logistic, Poisson, Gamma, etc.) <input type="checkbox"/> Genome-Wide Statistical Analysis <input type="checkbox"/> Geospatial Analysis </div> <div> <input type="checkbox"/> Growth Modeling <input type="checkbox"/> Individual Person-Level Meta-Analysis <input type="checkbox"/> Integrative Data Analysis <input type="checkbox"/> Item Response Theory <input type="checkbox"/> Latent Class and Latent Variable Modeling <input type="checkbox"/> Measurement Theory and Methods (EFA, CFA, etc.) <input type="checkbox"/> Mediation Analysis <input type="checkbox"/> Meta-Analysis (of summary statistics) <input type="checkbox"/> Methods for Analysis of Intensive or Long Longitudinal Data <input type="checkbox"/> Microsimulation Methods <input type="checkbox"/> Missing Data Methods (multiple imputation, full information maximum likelihood) <input type="checkbox"/> Mixture Models (including growth and regression mixture models) <input type="checkbox"/> Moderation Analysis <input type="checkbox"/> Multi-Level or Hierarchical Regression </div> <div> <input type="checkbox"/> N of 1 Experiments <input type="checkbox"/> Network Analysis <input type="checkbox"/> Propensity Score Methods <input type="checkbox"/> Psychometric Methods <input type="checkbox"/> Simulation Methods <input type="checkbox"/> Statistical Power Analysis <input type="checkbox"/> Structural Equation Models <input type="checkbox"/> Subgroup Analysis <input type="checkbox"/> Survey Data Analysis <input type="checkbox"/> Survival Analysis <input type="checkbox"/> System Dynamics <input type="checkbox"/> Systems Engineering Methods <input type="checkbox"/> Not Applicable </div>		
*Research Methods (continuation): *Analytic -Qualitative <div> <input type="checkbox"/> Alternative/Authentic Assessment <input type="checkbox"/> Case Studies <input type="checkbox"/> Content Analysis </div> <div> <input type="checkbox"/> Document Analysis Focus Groups <input type="checkbox"/> Key Informant Interviews <input type="checkbox"/> Structured Observation </div> <div> <input type="checkbox"/> Not Applicable </div>		
*Data Collection and Assessment Methods <div> <input type="checkbox"/> Twin and Extended Family Designs (e.g., children of twins designs, adoption designs) <input type="checkbox"/> Clinical Assessment <input type="checkbox"/> Computerized Adaptive Testing <input type="checkbox"/> Electroencephalography (EEG) and Related Methods <input type="checkbox"/> Functional Magnetic Resonance Imaging (fMRI) and Related <input type="checkbox"/> Genetic Assessment - Candidate genes <input type="checkbox"/> Genetic Assessment - Genome-Wide </div> <div> <input type="checkbox"/> Genetic Assessment - Sequencing <input type="checkbox"/> Machine Learning or Other Artificial Intelligence Methods <input type="checkbox"/> Methods for Collecting Ecological Momentary Assessment <input type="checkbox"/> Neuroendocrine Assessment (Cortisol, C-reactive protein) <input type="checkbox"/> Neurocognitive Assessment (response inhibition, attention) <input type="checkbox"/> Quality Control Methods <input type="checkbox"/> Questionnaire Development </div> <div> <input type="checkbox"/> Survey Sampling Methods <input type="checkbox"/> Not Applicable </div>		
*Areas of Special Interest: <div> <input type="checkbox"/> Advocacy <input type="checkbox"/> Commercial </div> <div> <input type="checkbox"/> Community mobilization <input type="checkbox"/> Infrastructure </div> <div> <input type="checkbox"/> International <input type="checkbox"/> Training </div>		
*Current Intervention Targets/Units of Interest (check all that apply): <div> <input type="checkbox"/> Individuals <input type="checkbox"/> Couples <input type="checkbox"/> Families </div> <div> <input type="checkbox"/> Peer group <input type="checkbox"/> Classroom <input type="checkbox"/> Community group </div> <div> <input type="checkbox"/> Entire community <input type="checkbox"/> State <input type="checkbox"/> Other: _____ </div>		
*Current Intervention Targets/Ethnicity(check all that apply): <div> <input type="checkbox"/> American Indian, Native American <input type="checkbox"/> Asian, Pacific Islander </div> <div> <input type="checkbox"/> Black, African American <input type="checkbox"/> Spanish, Hispanic, Latino </div> <div> <input type="checkbox"/> White, Caucasian <input type="checkbox"/> Other: _____ </div>		

*Research Foci:		
<input type="checkbox"/> Developmental Psychopathology	<input type="checkbox"/> Large Scale Implementation	<input type="checkbox"/> Prevention Effectiveness
<input type="checkbox"/> Dissemination and Implementation Science	<input type="checkbox"/> Meta-Analysis	<input type="checkbox"/> Prevention Efficacy
<input type="checkbox"/> Epidemiology	<input type="checkbox"/> Neuroscience	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Etiology	<input type="checkbox"/> Other Biological	
<input type="checkbox"/> Genetics	<input type="checkbox"/> Other Methodology	
*Research Population I		
<input type="checkbox"/> Universal (entire population of participants who have not been identified on the basis of risk)	<input type="checkbox"/> Selective (participants deemed to be at risk by virtue of membership in a particular population segment or risk exposure)	<input type="checkbox"/> Indicated (participants have detectable signs or symptoms of a particular condition)
*Research Population II		
<input type="checkbox"/> Culture Adaptations	<input type="checkbox"/> Rural or Remote	<input type="checkbox"/> Underserved Regions
<input type="checkbox"/> International or non-U.S. Populations	<input type="checkbox"/> Sex Differences	<input type="checkbox"/> NONE
<input type="checkbox"/> Non-English speaking Language(s)	<input type="checkbox"/> Sexual or Gender Minorities	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Racial or Ethnic Minority Groups	<input type="checkbox"/> Underrepresented Age Groups	
*Research Population III		
<input type="checkbox"/> American Indian, Native American	<input type="checkbox"/> Black, African American	<input type="checkbox"/> White, Caucasian
<input type="checkbox"/> Asian, Pacific Islander	<input type="checkbox"/> Spanish, Hispanic, Latino	<input type="checkbox"/> Other: _____
*Developmental Stage		
<input type="checkbox"/> Pre-natal	<input type="checkbox"/> Pre-adolescent (10-12)	<input type="checkbox"/> Aging
<input type="checkbox"/> Infancy (0-2)	<input type="checkbox"/> Adolescent (13-18)	<input type="checkbox"/> NONE
<input type="checkbox"/> Early childhood (3-6)	<input type="checkbox"/> Transition to adulthood (19-25)	
<input type="checkbox"/> Middle childhood (7-9)	<input type="checkbox"/> Adulthood	
*Prevention Activities at Your Institution:		
Is there an endowed chair in prevention at your current institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a formal training program in prevention at your current institution?	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post-graduate <input type="checkbox"/> No program	
Are there courses in prevention science offered at your current institution?	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post-graduate <input type="checkbox"/> No courses	
Are you a member in other Prevention Science-related organizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify them: _____
*Current Sources of Funding for Research in Which You are Principal or Co-Principal Investigator		
<input type="checkbox"/> CDC	<input type="checkbox"/> NIMH	<input type="checkbox"/> Foundation
<input type="checkbox"/> NCI	<input type="checkbox"/> NHLBI	<input type="checkbox"/> Other Private Source
<input type="checkbox"/> NIAAA	<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Own Agency
<input type="checkbox"/> NICHD	<input type="checkbox"/> State Agency	<input type="checkbox"/> Other: _____
<input type="checkbox"/> NIDA	<input type="checkbox"/> Local Government Agency	