



Society for Advancement of Violence and Injury Research Membership Application

Membership is valid for 1 year. The space below is provided for your contact information:

First Name: _____ Last Name: _____
Position/Title: _____ Degree(s)/ Prof. Certifications: _____
Employer/Institution/Affiliation: _____

Address (mailing)
Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell/Mobile Phone: _____

Email: _____

Web page address: _____

Center Affiliation: _____

Academic, Government, or Industry Affiliation: _____

1. SAVIR Membership Dues (Please check one)

- Professional**
 \$100
- Transitional***
 \$50
- Student**
 \$35
- Emeritus/Emerita**
 \$35

*EG: First Year Post-graduate

2. SAVIR Foundation Donation (not required for membership)

Your donation may be tax deductible, consult your tax advisor
SAVIR Federal Tax ID: 42-1475883

\$ _____

3. Injury Prevention online access: \$75 (optional)

(Online access only)

\$ _____

4. Total (1 + 2 + 3)

\$ _____

Method of Payment

_____ Check (U. S. Dollars only) _____ Credit card: (Visa, MasterCard)

If paying by credit card complete the following information and return to the SAVIR Executive Office

Card Number: _____

Expiration Date: _____ CID/Security Code: _____

Print name as it appears on Card: _____

Authorized Signature: _____

Please make your payment to "SAVIR" in US Dollar currency and return with this form to:
SAVIR * 3416 Primm Lane * Birmingham, Alabama 35216, USA

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 Infrastructure
- Advocacy and Public Policy
- Membership
- Science and Research
- Council of Centers
- Student & Young Professionals
- Other activities (please describe) _____

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

- Acute Care
- Behavioral Science
- Biological Science
- Biomechanics
- Biomedical Engineering
- Biostatistics
- Community Health
- Criminology
- Critical Care
- Demography
- Disability/Rehabilitation
- Disaster Preparedness
- Economics
- Emergency Medical Services
- Emergency Medicine
- Environmental/Occupational Health
- Epidemiology
- Health Education
- Health Policy
- Health Services Research
- Law
- Military Medicine
- Nursing
- Pediatrics
- Political Science
- Preventive Medicine
- Psychiatry
- Psychology
- Public Health
- Sociology
- Surgery
- Trauma Care
- Other (please describe) _____

Describe your violence and Injury Research Interests (s) (select all that apply):

- Acute Care
- Agricultural
- Alcohol
- Assault/Homicide
- Aviation
- Bicycle
- Blunt Trauma
- Burns
- Data/Surveillance
- Drowning
- Electrical
- Falls
- Family/Intimate Partner Violence
- Firearms
- Fire-Related
- Home Safety
- Machinery
- Motor Vehicle
- Motorcycle
- Natural and Environmental
- Occupational
- Patient Safety
- Pedestrians
- Poisonings
- Residential/Home
- Self-harm
- Sports, Recreation or Leisure
- Suffocation
- Surveillance
- Traumatic Brain Injury
- Unintentional
- Other (please describe) _____