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: _____

1. Center Membership Dues $____325____

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. Additional Center Professionals (optional) #:_____ x $90 (see page 2) $_____

4. Additional Center Students (optional) #:_____ x $30 (see page 2) $_____

5. Injury Prevention online access (optional) # of licenses:____ x $75 $_____
   (Online access only)

6. Total (1 + 2 + 3 + 4 + 5) $_____

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: _____

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.

Please make your payment to "SAVIR" in US Dollar currency and return with this form to:
SAVIR * 624 N. Broadway, Room 545 * Baltimore, MD 21205

Center Professional and Student Contact Information

Please list the name, membership type (professional or student) and email address for each sub-account to your center membership. These individuals will have the option to add their mailing address once their online profile is activated.

Name: _____

Type (professional or student): _____

Email: _____

Name: _____

Type (professional or student): _____

Email: _____

Name: _____

Type (professional or student): _____

Email: _____

Name: _____

Type (professional or student): _____

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Name: _____

Type (professional or student): _____

Email: _____

Name: _____

Type (professional or student): _____

Email: _____

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)
  _____