**Membership form to the** 

**European Society for Prevention Research (EUSPR)**

**☐** I wish to join the EUSPR

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| First Name Last Name Title (eg Dr, Ms, Mrs, Mr)

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Please tick the profile box which best matches your position/role:

|  |  |
| --- | --- |
| Practitioner | **☐** |
| Professor | **☐** |
| Researcher | **☐** |
| Student | **☐** |
| Other (please specify):  |  |

Do you wish to join the Early Careers Forum within the EUSPR? Web link: <http://euspr.org/early-careers-forum/>

|  |  |
| --- | --- |
| Yes | **☐** |
| No | **☐** |
| Already joined the forum | **☐** |

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When did you first enter the prevention field (e.g. employment or commencement of doctoral studies)? Please state the year: *NB: Please ensure that your name matches with the name given as a reference in the bank transfer of fees.* |
| Position/Role Organization or Institution

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| Address  |
| City Postal Code Country

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| Telephone: country code - city code – number  |
| Fax: country code - city code - number  |
| E-mail **(compulsory)** |

**PTO**

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| Level at which you are paying fees

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| --- | --- |
| Level A (€ 88) | **☐** |
| Level B (€ 48) | **☐** |
| Level C (€ 33) | **☐** |
| Student (€ 33) | **☐** |

 | Date on which you arranged payment of fees via bank transfer (dd/mm/yy):

|  |
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| **In point form, please describe your area of expertise:** |
| **Please e-mail your completed application form to our EUSPR Office at** office@euspr.org |