**Membership form to the** 

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

**X** I wish to join the EUSPR

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name Last Name Title (eg Dr, Ms, Mrs, Mr)   |  |  |  | | --- | --- | --- | |  |  |  |   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 | **☐** |  |  | | --- | |  |   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   |  |  | | --- | --- | |  |  | |
| Address |
| City Postal Code Country   |  |  |  | | --- | --- | --- | |  |  |  | |
| Telephone: country code - city code – number |
| Fax: country code - city code - number |
| E-mail **(compulsory)** |

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