MEMBERSHIP APPLICATION FORM
Membership Year: January 1 - December 31

Last Name: ___________________________________  First: ___________________________________  M.I.: ____________

Degree(s): ______________________________________ Date of Birth: _______/_____/_______

Please provide your professional information for SRNT to use contacting you.

Institution: ______________________________________________________________________________
Department: ______________________________________________________________________________
Street: ____________________________________________________________________________________
City:____________________ State/Province:________________ Zip/Postal Code:____________ Country: __________

Daytime Phone: (_____)_______________ Fax:(_____)_________________ E-Mail: ______________________________

Members are searchable in our online Members-Only Directory at www.srnt.org. Information is only shared with SRNT members. Please indicate if you would like to be listed or not listed.

☐ I would like to be listed in the Members-Only Directory.
☐ I do not wish to be listed in the Members-Only Directory.

Please list (a) your current place of employment/affiliation, (b) position/title, and (c) profession/discipline.

(a) ______________________________________________________________________________________

(b) ______________________________________________________________________________________

(c) ______________________________________________________________________________________

NETWORKS
All SRNT members are eligible to participate in one or more Networks. Please select which Network(s) you would like to join: (see Network descriptions on page 3)

☐ Adolescent Tobacco Research
☐ Basic Science
☐ Genetics
☐ Global Health
☐ Health Disparities
☐ Public Policy
☐ Trainee
☐ Treatment

SRNT EUROPE CHAPTER DUES (OPTIONAL)

☐ SRNT-Europe Chapter Dues,
   Regular. __________________________ $15

☐ SRNT-Europe Chapter Dues,
   Student. __________________________ FREE

TOBACCO INDUSTRY AFFILIATION

Persons employed by the tobacco industry are ineligible for membership in SRNT.

I am not employed by a company or business defined by WHO as part of the tobacco industry, specifically tobacco manufacturers, wholesale distributors and/or importers of tobacco products.

Member Signature: _____________________________

When this form is complete, please send to:
Membership Chair, SRNT, 2424 American Lane, Madison, WI 53704 or info@srnt.org.
YOUR NAME: ____________________________________________

Specialty Areas of Research or Interest (check all that apply):

Pre-Clinical Research
- Animal Models
- Behavioral Pharmacology
- Genetics/Genomics
- Medicinal Chemistry
- Molecular Biology
- Neuroscience
- Physiology
- Receptor Biophysics

Clinical Research
- Behavioral Treatment
- Clinical Pharmacology/Pharmacotherapy
- Genetics/Genomics
- Human Biobehavioral/Psychophysiological Neuroscience

Public Health and Behavioral Research
- Epidemiology
- Etiological Factors in Tobacco Use
- Global Health
- Macro-Environmental Factors and Tobacco Use
- Psychological, Behavioral, Social Determinants of Use
- Social Science

Policy and Impact Research
- Advertising, Promotion, and Sponsorship
- Advocacy
- Dependence and Cessation
- Dissemination
- Economics
- Education and Media Campaigns
- Packaging and Labeling
- Prevention of Initiation, Progression to Regular Use
- Point of Sale/Retail Environment
- Product Regulation (e.g., product standards, nicotine reduction)
- Secondhand Smoke

Other Research
- Abuse Liability
- Biomarkers
- Flavors/Additives (including menthol)
- Modified Risk Tobacco Products
- Nosology/Dependence Measurement
- Tobacco Product Constituents

Populations of Interest
- Human Adolescents/Young Adults
- Lesbian/Gay/Bisexual/Transgendered (LGBT)
- Medical Patients
- Military/Veterans
- Pregnant Women
- Racial/Ethnic Minority Populations
- Rodents
- Rural Populations
- Smokers with Psychiatric Comorbidities
- Smokers with Substance Use Comorbidities
- Socioeconomically Disadvantaged

Products of Interest
- Bidis/Kreteks
- Cigarettes
- Cigarillos
- Cigars
- Dissolvables
- Electronic Cigarettes
- Heat Not Burn Tobacco Products
- Hookah/Waterpipe
- Large Cigars
- Little Cigars
- Pipes
- Smokeless Tobacco
- Snus
- Other Nicotine and Tobacco Products

Methods of Interest
- Behavioral Measures
- Clinical Measures (e.g., physiological, neuroimaging, biomarkers)
- Document Analysis (e.g., tobacco industry documents, market research)
- Experimental Research
- Interventions/Program Evaluation
- Laboratory Assays (e.g., product analysis, cell culture, animal models, machine testing, human testing)
- Observational Studies
- Population Health Surveys/Surveillance
- Qualitative Research
- Randomized Controlled Trials
- Secondary Data Analysis
- Simulation and Modeling
- Social Media/Web Based Analytics
- Social Network Analysis

STUDENT/TRAINEE VERIFICATION

Current Academic Year:
☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth or above

☐ Are you currently on Internship?
☐ yes ☐ no

☐ Are you currently on Post-doctoral Fellowship?
☐ yes ☐ no

This certifies that ______________________________
is enrolled as a full-time trainee for the _____________
_______________ academic year.

____________________________________________
Name of Supervisor/Department Chair

_________________________________________________
Signature of Supervisor/ Department Chair  Date

The above statements are factual to the best of my knowledge, and I give the Membership Committee permission to verify them. I understand that I will not use my membership in the Society as an indication of my competence in any representation to the public, nor will I represent my personal view or opinions to the media or the public as official positions of SRNT in the absence of authorization by the Board of Directors. I affirm that I support the goals of the Society to stimulate new knowledge concerning nicotine and tobacco dependence, and to encourage research on public health efforts for the prevention and treatment of cigarette smoking and tobacco use.

Signature: _______________________________________

Date: _____________________________________________
PAYMENT OPTIONS

Please include payment with your membership application. SRNT now offers the option of applying for membership with a credit card via our website: http://www.srnt.org. Additional payment options are listed below. No purchase orders, please.

☐ Full (High Income Countries). .................$185*
☐ Full (High-Middle Income Countries). ........$74*
☐ Full (Low-Middle Income Countries) ..........$46*
☐ Full (Low Income Countries) ..................$18*
☐ Full (Retired) .....................................$74*
☐ Full (Recent Graduate) ..........................$129*
☐ Affiliate (High Income Countries) ............$185
☐ Affiliate (High-Middle Income Countries) ...$74
☐ Affiliate (Low-Middle Income Countries) ....$46
☐ Affiliate (Low Income Countries) ..............$18
☐ Affiliate (Retired) .................................$74
☐ Affiliate (Recent Graduate) ..........................$129
☐ Student/Trainee ...................................$60**

* A copy of your vitae or resume including evidence of one peer-reviewed publication must accompany this application.
** Verification of Student/Trainee status must accompany form.

Dues categories are based on economies as defined by the World Bank. A list of countries according to global economies is available online at www.srnt.org.

I wish to pay by:
☐ Personal Check  ☐ Institutional Check

Check Number: ___________________________
Make Checks Payable to SRNT in U.S. Currency Only.

☐ Mastercard  ☐ Visa  ☐ American Express

Expiration Date: ________________
Credit Card #: ____________________________ CVV#: ____________
Print Name: _____________________________
Signature: _______________________________

☐ Check here if the billing address is the same as the member address.

BILLING ADDRESS:
Name: ______________________________________
Address: _____________________________________
Address: _____________________________________
City: __________________ State/Province: _________
Zip/Postal Code: __________ Country: ___________
Phone Number: _______________________________