



INTERNATIONAL  
SOCIETY FOR  
ENVIRONMENTAL  
EPIDEMIOLOGY

A Professional  
Society  
of  
Environmental  
Epidemiologists

Mail this or FAX  
form with  
payment to:  
International Society  
for Environmental  
Epidemiology

c/o Infinity Conference  
Group  
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# Membership Application

Recd \_\_\_\_\_  
Amt \_\_\_\_\_  
Type \_\_\_\_\_

## MEMBERSHIP INFORMATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name (Surname) \_\_\_\_\_ Degree \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Organization: \_\_\_\_\_

Address 1: \_\_\_\_\_

Is this a home address?  YES  NO

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_ Email 2 (if needed) \_\_\_\_\_

- ORGANIZATION TYPE**  
(Select one)
- University
  - State/Local Government
  - Industry
  - Federal Government
  - Research Institute
  - Private Consulting
  - Other: \_\_\_\_\_

*MAILING ADDRESS (if different from above)*

Street Address \_\_\_\_\_ Apt number \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country: \_\_\_\_\_ *Is this a home address?*  YES  NO

## MEMBERSHIP OPTIONS AND RATES

Please check your membership category (All options include a 1-year on-line subscription to *Epidemiology*)\*

- Standard 1-year Membership -- US \$230.00**
- Developing Country 1-Year Membership -- US \$60.00**  
*(Country status based on World Bank macroeconomic indicators)*
- Student 1-year Membership --US \$60.00**  
*(Please enclose copy of current student ID)*
- Emeritus 1-Year Membership -- US \$95.00**  
*(Please provide statement verifying that you are not professionally active or earning a professional salary)*
- Subsidized/Early Career 1 Year Membership -- US\$155.00**  
*(Membership subsidy eligibility is available to members who meet one of the following criteria: Please check one)*
  - Temporary Financial Hardship
  - New Researcher (less than 5 years of experience from terminal degree)

Country of Origin: *If different than country in your address:* \_\_\_\_\_

**PAYMENT OPTIONS** (*Membership cannot be processed without payment*) Federal ID# 25-1569662

**Mail with check or money order in USD drawn on a U.S. bank and payable to ISEE**

**Mail or fax with credit card information -- (NOTE: To avoid a duplicate credit card charge, DO NOT send this form by BOTH fax and mail. Please either fax OR mail form)**

\_\_\_\_ Visa \_\_\_\_ Master Card \_\_\_\_ Am. Express **CARDHOLDER NAME** (*if different from above*) \_\_\_\_\_

**CARD NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year)

**Authorizing Signature:** \_\_\_\_\_

**International bank wire transfer.** Wire transfer FEES from the originating and intermediary banks **MUST BE PAID BY THE APPLICANT.** Please send this application form under separate cover and contact the ISEE Secretariat for wire transfer information.

\*A subscription for the printed version of the journal may be purchased by visiting the journal section of the ISEE website.



**RESEARCH AREAS**

Please indicate up to five areas of research interest in each category.

Circle the professional organization(s) of which you are now a member:

1. ACE    2. SER    3. IEA    4. APHA    5. ISES    6. SOEH    7. Other \_\_\_\_\_

**HEALTH ENDPOINTS:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Medically unexplained symptoms | <input type="checkbox"/> Children's environmental health |
| <input type="checkbox"/> Cardiovascular      | <input type="checkbox"/> Neurologic                     | <input type="checkbox"/> Respiratory                     |
| <input type="checkbox"/> Infectious diseases | <input type="checkbox"/> Reproductive health            | <input type="checkbox"/> Other disease (specify): _____  |

**EXPOSURES:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Air quality   | <input type="checkbox"/> Noise  | <input type="checkbox"/> Water quality  |
| <input type="checkbox"/> Biological exposures, including allergens, mold, naturally occurring toxins | <input type="checkbox"/> Non-ionizing radiation (e.g., <i>electro magnetic fields, cell phones, microwaves, radar</i> ) | <input type="checkbox"/> Pesticides, endocrine disruptors and Persistent Organic Pollutants (POPs)  |
| <input type="checkbox"/> Hazardous wastes  | <input type="checkbox"/> Occupation   | <input type="checkbox"/> Climate change and other global environmental changes  |
| <input type="checkbox"/> Heavy metals  | <input type="checkbox"/> Food and nutrition, (including food production and processing; food systems)                   | <input type="checkbox"/> Built environment (including physical layout/walkability and physical activity; green space; noise levels; urban transport; social factors, including stressors) |
| <input type="checkbox"/> Ionizing radiation  | <input type="checkbox"/> Pharmaceuticals  | <input type="checkbox"/> Tobacco smoke  |
| <input type="checkbox"/> Multi-pollutant/multi-media exposures                                       | <input type="checkbox"/> Solvents   | <input type="checkbox"/> Other exposure (specify): _____  |

**METHODS AND OTHER:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Molecular epidemiology and gene-environment interactions | <input type="checkbox"/> Ethics                           | <input type="checkbox"/> Spatial statistics and Geographic Information Systems |
| <input type="checkbox"/> Complex systems analysis                                 | <input type="checkbox"/> Field or community-based studies | <input type="checkbox"/> Statistical analysis                                  |
| <input type="checkbox"/> Communication  | <input type="checkbox"/> Methodology/Study design         | <input type="checkbox"/> Susceptible subpopulations                            |
| <input type="checkbox"/> International collaboration in research                  | <input type="checkbox"/> Modeling                         | <input type="checkbox"/> Toxicology  |
| <input type="checkbox"/> Environmental inequity and/or health disparities         | <input type="checkbox"/> Policy & planning                | <input type="checkbox"/> Other (specify): _____                                |
| <input type="checkbox"/> Exposure assessment                                      | <input type="checkbox"/> Risk assessment                  |  |