



INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION
In official relations with the World Health Organization



Association
Internationale d'Epidémiologie

国际流行病学协会

Международная
Эпидемиологическая Ассоциация

الإتحاد
العربي للوبائيات

Asociación
Internacional de Epidemiología

**IEA / AUSTRALIAN EPIDEMIOLOGY ASSOCIATION
 APPLICATION FOR JOINT MEMBERSHIP**

Revised 5 / 2012

Applicant's Name: _____
(Please print) (Last) (Middle) (First)

Title: (Dr, Mr, Miss, Prof, etc) _____ Sex: (Male/Female) _____ Date of Birth: _____
 (dd/mm/yy)

Present Mailing Address: _____

 City Country Zip Code

Telephone: _____ Fax: _____

E-mail: _____

Present Position: (Exact Title) _____

Employing Institution: _____
 (Name of Department) (Name of Institution)

 (Address of Institution)

Personal Qualifications: (include only professional degrees and diplomas with dates)

Professional Experience relevant to Epidemiology: (include key positions and dates)

Please attach to the application a list of your major publications in the area of Epidemiology (no more than five). **Please note: this is not a requirement of membership.**

LANGUAGES

Native Language:

Other Languages (Fluent or at least working knowledge):

- English French German Spanish
 Russian Japanese Arabic Other
 Please specify

AREAS OF EXPERTISE

Please describe areas of expertise. Name areas in which you do research, teach, review scientific papers etc. Describe 3-4 major fields only.

Please specify your expertise by circling a maximum of five of the following alternatives. Please select only one of several clearly overlapping alternatives.

- | | | |
|--------------------------------------|-------------------------|--------------------------------------|
| 01. Accidents | 20. Genetics | 39. Obstetrics, Gynecology |
| 02. HIV/AIDS | 21. Growth | 40. Occupational |
| 03. Arthritis (inc. Musculoskeletal) | 22. Handicap | 41. Perinatal, neonatal |
| 04. Behaviour | 23. Health Economics | 42. Pharmacological |
| 05. Cancer | 24. Health Education | 43. Physical Activity |
| 06. Cardiovascular | 25. Health Promotion | 44. Psychiatry |
| 07. Cerebrovascular | 26. Health Services | 45. Planning |
| 57. Chronic Respiratory Conditions | 27. Hearing | 46. Policy |
| 09. Dementia | 28. Hypertension | 47. Screening |
| 10. Developing Countries | 29. Infectious Disease | 48. Social Work |
| 11. Diabetes | 30. Information Systems | 49. Social Security Health Insurance |
| 12. Disability | 31. Injuries | 51. Suicide |
| 13. Disasters | 32. Lipids | 52. Surveys |
| 14. Diet | 33. Malnutrition | 53. Toxicology (inc. chemical) |
| 15. Drugs (inc. Alcohol) | 34. Measurement | 58. Tobacco Consumption |
| 16. Elderly | 35. Methods | 54. Vaccination |
| 17. Endocrine | 36. Mental | 55. Vision |
| 18. Environment | 37. Neurological | 56. Other (please specify) |
| 19. Evaluation | 38. Nutrition | |
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Please classify your main employment by employing agency and type of work.

EMPLOYING AGENCY

1. Health Service Administration
2. Social Security Administration
3. University (or similar)
4. Other Research Establishment
5. Hospital
6. Health Centre or other Primary Care Facility
7. Industry
8. Self Employed, Private

TYPE OF WORK

1. Administration, Management
2. Planning, Information
3. Teaching, Research
4. Clinical
5. Laboratory
6. Other Practical _____
7. Other (please specify) _____

Date of Retirement: _____

Signature

Date

The IEA and its Aims

The International Epidemiological Association now has more than 2000 members in over 100 different countries who follow the aims of the Association to facilitate communication amongst those engaged in research and teaching of epidemiology throughout the world, and to encourage its use in all fields of health including social, community and preventative medicine. These aims are achieved by holding scientific meetings and seminars, by publication of journals, reports, monographs, translations of books, by contact amongst members and by other activities consistent with these aims. Members are accepted without regard to race, religion, sex, political affiliation or country of origin.

The Association publishes its own Journal, the **International Journal of Epidemiology**, which is published bi-monthly, a complimentary copy of which is included in the membership dues. There is a small reduction in dues for those willing to pay for 3 years in advance, and there are differential rates of subscription for members in different parts of the world. Please also note that subscriptions are for a full calendar year (i.e. 1 January - 31 December). The current membership dues are shown on the following page.

World Congress of Epidemiology meetings are held triennially in different parts of the world. The last meeting was held in Edinburgh, Scotland, in August 2011 and the next will be held in Anchorage, Alaska in 2014. Regional Scientific Meetings are held at regular intervals throughout the world.

More information about the Association's aims and activities can be found on its web site at <http://www.IEAWeb.org>

NEW APPLICATIONS ONLY

I subscribe to the above aims and objectives of the IEA and wish to become a member.

Signature

Date

IMPORTANT: PLEASE FILL IN PAYMENT FORM ON THE NEXT PAGE

PAYMENT OF MEMBERSHIP FEE

Name: _____
Last
Middle
First

For IEA mail-outs, please print your exact mailing address in the box below

Mailing Address:

Telephone: _____

Fax Number: _____

E-mail: _____

ANNUAL DUES

IEA / AEA Joint Membership

- ONE YEAR** \$25
- TWO YEARS** \$50
- THREE YEARS** \$65
- LIFE-TIME*** \$250

Membership begins when you join.

*Life-Time Memberships: payment for 10 years provides a life-time membership

All payments must be made in US Dollars. For your information and convenience, visit www.xe.com to access the currency conversion rate for your specific currency.

(AEA Membership status proof requested for the same period of subscription e.g. letter from AEA Office or subscription payment receipts)

PAYMENT METHOD

- Check/Money Draft enclosed
*Please make payable to **International Epidemiological Association***
- Credit Card Number _____
Visa MasterCard American Express (Circle One Being Supplied)

Expiration Date: _____ Security Code: _____

Cardholder Signature: _____

THIS FORM AND PAYMENT SHOULD BE SENT TO THE ASSOCIATION HEADQUARTERS:

IEA
 1500 Sunday Drive, Suite 102
 Raleigh, NC 27607
 Phone: (919) 861-5586 Fax: (919) 787-4916
 E-mail: membership@ieaweb.org