

SOCIETY *of* BEHAVIORAL MEDICINE

Better Health Through Behavior Change

2014 MEMBERSHIP APPLICATION

Mission Statement

The Society of Behavioral Medicine is a multidisciplinary organization of clinicians, educators, and scientists dedicated to promoting the study of the interactions of behavior with biology and the environment, and the application of that knowledge to improve the health and well being of individuals, families, communities and populations.



SBM Membership Benefits

- Discount registration rate at SBM Annual Meeting
- Continuing Education Credits
- Eligibility for SBM Achievement Awards
- Eligibility to nominate Board of Directors' candidates and vote in SBM elections
- Membership in the International Society of Behavioral Medicine (ISBM)
- Free membership in Special Interest Groups providing focus on specialties and access to listservs that facilitate critical networking
- Expert Consultation Service
- Subscription to SBM's two journals
 - *Annals of Behavioral Medicine*
 - *Translational Behavioral Medicine: Practice, Policy, Research*
- Electronic access to three additional journals
 - *Journal of Behavioral Medicine*
 - *International Journal of Behavioral Medicine*
 - *Journal of Behavioral Health Services and Research*
- Searchable Membership Directory
- Opportunities to interact with the leading specialists in the field of behavioral medicine



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Personal Information:

First Name: _____ M.I.: _____ Last Name: _____

Degrees: _____ Job Title: _____

Affiliation: _____

Optional Fields:

Gender: Male ☐ Female ☐ Date of Birth: ____/____/____

Race: American Indian/Native ☐ American/Alaskan Native ☐ Asian/Asian American/Pacific Islander ☐

Black/African American/African ☐ Hispanic/Latino/Latin American ☐ Other ☐ White/European/Middle Eastern ☐

Contact Information:

Please provide the contact information you would like SBM to use when contacting you with SBM related materials and publications.

Office ☐ Home ☐

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

☐ Please check here if you **DO NOT** wish to be listed in the Membership Directory.

Other:

1. What made you decide to join SBM?

2. Professional Affiliations (list other professional organizations you belong to, **please spell out acronyms**):

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Academic/Accreditation Information

Academic Degree:

Degree: _____
Date Received: _____
Institute: _____
Field: _____

Degree: _____
Date Received: _____
Institute: _____
Field: _____

Post-Doctoral Training:

Type: _____
Date: _____
Institution: _____
Field: _____

Type: _____
Date: _____
Institution: _____
Field: _____

License: _____
Type: _____
Date Received: _____
Dates Active: _____
License #: _____
Place: _____

Professional Information

Primary Profession: (choose one)

☐ Administrator
☐ Anthropologist
☐ Dentist
☐ Epidemiologist
☐ Geneticist
☐ Health Economist

☐ Health Educator
☐ Nurse
☐ Nutritionist
☐ Physical Therapist
☐ Physician
☐ Physiologist

☐ Psychologist
☐ Pharmacist
☐ Social Worker
☐ Sociologist
☐ Statistician
☐ Other: _____

Primary Professional Setting: (choose one)

☐ Corporation/Business
☐ Government
☐ Hospital/Clinic
☐ Independent Research Organization
☐ Medical School
☐ Private Practice
☐ College/University

Secondary Professional Setting: (choose one)

☐ Corporation/Business
☐ Government
☐ Hospital/Clinic
☐ Independent Research Organization
☐ Medical School
☐ Private Practice
☐ College/University

Tertiary Professional Setting: (choose one)

☐ Corporation/Business
☐ Government
☐ Hospital/Clinic
☐ Independent Research Organization
☐ Medical School
☐ Private Practice
☐ College/University

Primary Professional Activity: (choose one)

☐ Administration
☐ Clinical Practice
☐ Research
☐ Supervisor/Teaching

Secondary Professional Activity: (choose one)

☐ Administration
☐ Clinical Practice
☐ Research
☐ Supervisor/Teaching

Tertiary Professional Activity: (choose one)

☐ Administration
☐ Clinical Practice
☐ Research
☐ Supervisor/Teaching

Behavioral Medicine Specialties:

Indicate as many areas of specialty that apply to you.

☐ Aging/Geriatrics
☐ AIDS/HIV
☐ Addiction Behaviors
☐ Arthritis
☐ Asthma/Pulmonary Disorders
☐ Behavioral Genetics/Genetics
☐ Behavioral Informatics
☐ Behavioral Pediatrics/Child Health/
Family Health
☐ Biostatistics
☐ Blood Disease and Disorders
☐ Cancer
☐ Cardiovascular Diseases
☐ Chronic Disease Mgmt.
☐ Compliance/Adherence
☐ Complementary & Alternative Medicine
☐ Coping
☐ Dental Health
☐ Dermatology & Skin Disorders
☐ Diabetes/Endocrine Disorders

☐ Epidemiology
☐ Exercise Fitness/Physical Activity
☐ Fatigue
☐ Gastroenterology
☐ Headaches
☐ Healthcare Policy
☐ Health Beliefs/Personality Factors
☐ Health Communications
☐ Health Economics/Cost-Benefit Analysis
☐ Health Information Technology
☐ Health Promotion/Disease Prevention
☐ Health Services Research
☐ Hypertension
☐ Minority Health/Disparities/SES
☐ Neurological Disorders
☐ Neuroscience
☐ Nutrition
☐ Obesity/Eating Disorders
☐ Pain

☐ Population/Public Health
☐ Primary Care
☐ Psychiatric Disorders/Mental Health
☐ Psychoneuroimmunology
☐ Psychophysiology
☐ Psychosomatics
☐ Quality of Life/Outcomes
☐ Rehabilitation
☐ Sleep Disorders
☐ Social Support
☐ Sports Medicine
☐ Smoking/Tobacco
☐ Stress/Stress Management
☐ Stroke
☐ Symptom Management
☐ Training Programs
☐ Urological Disorders
☐ Women's Health
☐ Worksite Health

Other: _____

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Committee/Council Membership Interest:

SBM welcomes interested members to participate in a Committee/Council.

If you are interested in becoming involved please check the box(es) below

- | | |
|---|---|
| <input type="checkbox"/> 1. Development Committee | <input type="checkbox"/> 5. Publications & Communications Council |
| <input type="checkbox"/> 2. Membership Council | <input type="checkbox"/> 6. Health Policy Committee |
| <input type="checkbox"/> 3. Education, Training, & Career Development Council | <input type="checkbox"/> 7. Scientific & Professional Liaison Council |
| <input type="checkbox"/> 4. Evidence-Based Behavioral Medicine Committee | |

Special Interest Groups:

Please sign me up for the following Special Interest Groups (at no extra cost):

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. Aging | <input type="checkbox"/> 8. Evidence-Based Behavioral Medicine | <input type="checkbox"/> 15. Pain |
| <input type="checkbox"/> 2. Behavioral Informatics | <input type="checkbox"/> 9. Integrated Primary Care | <input type="checkbox"/> 16. Physical Activity |
| <input type="checkbox"/> 3. Cancer | <input type="checkbox"/> 10. Health Decision Making | <input type="checkbox"/> 17. Population Health Sciences |
| <input type="checkbox"/> 4. Child and Family Health | <input type="checkbox"/> 11. Military and Veterans' Health | <input type="checkbox"/> 18. Spirituality and Health |
| <input type="checkbox"/> 5. Complimentary and Integrative Medicine | <input type="checkbox"/> 12. Multi-Morbidities | <input type="checkbox"/> 19. Student |
| <input type="checkbox"/> 6. Diabetes | <input type="checkbox"/> 13. Multiple Health Behavior Change | <input type="checkbox"/> 20. Theories and Techniques of Behavior Change Interventions |
| <input type="checkbox"/> 7. Ethnic Minority and Multicultural Health | <input type="checkbox"/> 14. Obesity and Eating Disorders | <input type="checkbox"/> 21. Women's Health |

Allocation of Membership Dues to SIGS

\$10.00 of your SBM Membership Dues will be provided to SBM's Special Interest Groups.

\$4.00 will go to a pool that will be divided equally among the SIGs.

\$6.00 can be allocated to up to 3 SIGs of your choosing in one of the following ways:

- \$6.00 to 1 SIG or
- \$3.00 to 2 SIGs or
- \$2.00 to 3 SIGs

Please select up to 3 SIGs from the list above to which you will allocate your \$6.00 and write them in the lines below.

1. _____
2. _____
3. _____

Please Note: Does not apply to Student/Trainee Memberships.

If no SIGs are selected, the full \$10 will be allocated to the pool that will be divided equally among the SIGs.

Current Student/Trainee Information

**This section must be filled out if you are signing up as a Student/Trainee Member*

Education/Training Start Date _____

Education/Training Expected End Date _____

Organization/Institution _____

City/State/Country _____

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

Name of Supervisor/Department Chair _____

Signature of Supervisor/Department Chair _____

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Membership Categories and Payment Information

Membership status is awarded to individuals based on the information provided in the application. Individual memberships are not transferable. Membership does not certify competence in behavioral medicine and cannot be used as an indication of competence in any representation to the public.

FULL membership confers the privilege of voting and holding office. The requirements include completion of a terminal degree (highest academic degree or degree required for licensing or certification for independent practice) in a relevant field.

TRANSITIONAL membership offers the same member benefits as Full membership, but at a discounted rate. Transitional membership provides a discount to those who have completed their training in the past year. The Transitional rate is available for one membership-year only and has the same requirements as Full membership.

STUDENT/TRAINEE membership is reserved for those who are enrolled in a full-time, accredited training program in a relevant field. Student/Trainee members pay a reduced fee and do not have voting or office-holding privileges. Verification is required for members-in-training. Please provide proof of full-time enrollment at a regionally accredited institution each year to be eligible for reduced dues and Annual Meeting registration. The training verification section must be signed and returned to the National Office with payment. Applications cannot be processed without verification.

ASSOCIATE status provides membership for those who agree with the purposes and objectives of the organization but who do not meet the requirements for Full membership. Associate members do not have voting or office-holding privileges.

I am applying for:

- ☐ Full Membership \$287
☐ Transitional Membership \$210
☐ Student/Trainee Membership \$97
☐ Associate Membership \$287

Advocacy & Membership Development Campaign

Through the generosity of individuals who contribute to the Advocacy Membership Development Campaign (AMDC), SBM is able to provide awards for student members' travel and research as well as public policy work designed to increase research funding, the impact of behavioral medicine throughout healthcare reform implementation, and the visibility of SBM. Your contribution – of any size – will guarantee that the AMDC remains robust and able to meet its important goals. To make a donation, simply fill in your contribution amount on the line below.

Donation amount: _____

I wish to pay by:

- ☐ Personal Check ☐ Institutional Check

Check Number: _____

Make checks payable to SBM in U.S. currency ONLY.

Credit Card:

- ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

Expiration Date: _____

Credit Card #: _____

Print Name: _____

Signature: _____

The statements within this application are factual to the best of my knowledge, and I give the SBM Membership Council my permission to verify these statements by contacting the persons and organizations listed within. I understand that that I may not use my membership in SBM as an indication of my competence in any representation to the public.

Applicant Signature _____

Date _____

Payment Options:

Please include payment with your membership application. Payment options are listed below. No purchase orders, please.

Postal Mail:

Mail application and check or credit card information to:
 Society of Behavioral Medicine
 555 E. Wells St.
 Suite 1100
 Milwaukee, WI 53202

Fax:

Fax application with credit card information to:
 (414)276-3349

Online:

Go paperless by paying by credit card and joining online at:
www.sbm.org