



Membership Application

Background Information:

Name: _____
(First, Middle Initial, Last)

Institution: _____

Mailing Address: (circle one: Home or Business)

Street: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone (include country code): _____ Fax (include country code): _____

Email: _____ Website: _____

Date of Birth (mm/dd/yyyy): _____ Gender: Female Male

Race/ethnicity:

- Asian, Asian American, or Pacific Islander
 Hispanic or Latino
 Native American
 Black/African or African American
 White / European American-not of Hispanic origin
 Middle Eastern
 Biracial/multiracial/other; please specify: _____

Highest Degree received: _____

Year degree received: _____

Institution awarding degree: _____

Professional Information:

Professional Status:

- Undergraduate student
 Graduate student
 Post-doctoral trainee
 Researcher and/or professor in university setting
 Researcher in medical setting and/or physician/clinician
 Researcher in corporate setting
 Researcher in other setting (please specify): _____
 Do not conduct research (please specify occupation): _____

List a scientific association in psychology, neuroscience, physiology, medicine or engineering to which you belong (or, if none, write N/A):

Please list one publication of yours related to psychophysiology (or, if none, write N/A):

Research Interests for Membership Directory:

(please check all that apply)

Content Areas/Groups Studied:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Aging | <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurological disorders/
neuropathology | <input type="checkbox"/> Sensation/perception |
| <input type="checkbox"/> Attention | <input type="checkbox"/> Immunology | <input type="checkbox"/> Non-human animals | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Behavioral medicine | <input type="checkbox"/> Individual differences | <input type="checkbox"/> Pain | <input type="checkbox"/> Social factors |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Infants/children/adolescence | <input type="checkbox"/> Personality | <input type="checkbox"/> Speech/language |
| <input type="checkbox"/> Cognition | <input type="checkbox"/> Intervention research | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Unconscious processes |
| <input type="checkbox"/> Couples/family research | <input type="checkbox"/> Learning/conditioning | <input type="checkbox"/> Psychopathology | <input type="checkbox"/> Other: please
specify _____ |
| <input type="checkbox"/> Emotion/affect | <input type="checkbox"/> Memory | <input type="checkbox"/> Quantitative specialty | |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Motivation | | |

Physiological Measures Used:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Biochemical | <input type="checkbox"/> EKG/ impedance cardiography | <input type="checkbox"/> Neuroanatomy and
connectivity | <input type="checkbox"/> Somatic activity |
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> EMG | <input type="checkbox"/> Oculomotor | <input type="checkbox"/> Startle blink |
| <input type="checkbox"/> Cortisol | <input type="checkbox"/> fMRI/PET/MRI/SPECT | <input type="checkbox"/> Optical imaging (NIRS, EROS) | <input type="checkbox"/> Other: please
specify _____ |
| <input type="checkbox"/> Electrodermal | <input type="checkbox"/> MEG | <input type="checkbox"/> Respiration | |
| <input type="checkbox"/> EEG/ERP | | | |

Society Involvement:

If you would be interested in serving on an SPR committee, please check the committee(s) of interest to you:

- One of the award committees (e.g., early career, distinguished contributions)
- Education and training
- Membership
- Publication
- Bylaws
- EEG/ERP measures
- Outreach
- Women in psychophysiology
- Convention sites
- Electrodermal measures
- Program
- Other: please specify _____
- Diversity
- Ethical principles
- Promote student interests
- Finance
- Public relations

Membership Information and Options:

- Please check this box if you would NOT like to be included in the SPR online Member Directory.
- Please check this box if you would like to receive printed issues of the journal. (Members automatically receive access to the journal online.)

Please list an SPR member who will sponsor your membership; if you do not have one, please check "none" and we will put you in touch with a current member: _____

If you are applying for Student Membership, please indicate the following to certify your pre-doctoral status:

- Name of Program/Department: _____
- Name of Program Director or Department Chair: _____
- Institution: _____
- Phone number for Program Director or Department Chair: _____
- Email for Program Director or Department Chair: _____
- Your year in the program (e.g., 1st year, 2nd year, etc.): _____

Dues (select one option):

- \$75 for Full Membership
- \$50 for Full Membership + Early Career Discount (for those who received their doctoral, medical, or other degree within the past 5 years)
- \$25 for Student Membership

Please indicate method of payment:

- Check (payable to SPR and drawn on a U.S. Bank. Eurocheques cannot be accepted.)
- Visa Mastercard American Express

- Name on Credit Card: _____
- Credit Card Account Number: _____
- Expiration Date: _____
- Code on back: _____
- Signature of Cardholder: _____

Please print, complete and mail application to:

SPR
2424 American Lane
Madison WI 53704-3102
USA

Credit card users may fax this application to: +1-608-443-2474

Thank you—we look forward to meeting you!