

2015 ISRII MEMBERSHIP APPLICATION



International Society for Research on Internet Interventions (ISRII)

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The Purpose of ISRII - *advancing the scientific approach to studying eHealth interventions and information and communication technologies targeting behavioral and mental health. ISRII is a group of researchers, clinicians, developers, coordinators, economists, policy experts and industry associates whose mission is to foster excellence in evidence-based eHealth interventions targeting behavioral and mental health broadly inclusive of existing and emerging technologies.*

Please circle.
Name: Dr Mr Ms Mrs _____
Given Name Middle Initial Surname Degree(s)

Title/Position _____

Organization _____

Division/Dept _____

Street _____

City _____ **Prov./State** _____ **Postcode** _____ **Country** _____

Email _____ **Telephone** _____ **Fax** _____

How did you hear about ISRII? _____

Membership Communications

Please DO NOT communicate with me Via facsimile. Via e-mail.

Membership

Full Member \$175.00 USD **Full members** are professionals with an expressed interest in eHealth interventions and information and communication technologies targeting behavioral and mental health.

Student Member \$95.00 USD **Student members** (e.g., fellows, interns, graduate students) To qualify for the student member rate, individuals must be enrolled in a formal professional education program.

Individuals applying for Student Membership must provide a brief statement describing their interest in the purposes of ISRII.

Special Contribution \$100.00 \$75.00 \$50.00 \$20.00 \$10.00 other \$ _____

Help ISRII continue to develop new programs and services by adding a special contribution to your dues payment. No goods or services will be exchanged for this special contribution.

TOTAL PAYMENT: _____

Payment Details - Email: info@isrii.org - Mail: 500 Westover Dr. #8131, Sanford, NC 27330 USA

Payment Method VISA MasterCard American Express Check (payable to ISRII) # _____

Credit Card Number _____ Exp. Date _____

Cardholder Printed Name _____

Signature _____

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City, State/Province _____ Country _____

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Remittance must be made in U.S. Dollars. A \$25.00 surcharge may be assessed to cover any collection fees.