



INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION

In official relations with the World Health Organization



Nepal Public Health Association

国际流行病学协会

Международная
Эпидемиологическая Ассоциация

الإتحاد
العربي للوبائيات

Asociación
Internacional de Epidemiología

IEA / NEPAL PUBLIC HEALTH ASSOCIATION
APPLICATION FORM FOR JOINT MEMBERSHIP

Applicant's Name:
(Please print) (Family name) (Middle name) (First name)

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

Present Mailing Address:
.....
.....
(City) (Country) (Postal/Zip Code)

Telephone: Fax:

E-mail: (Please write clearly in CAPITAL LETTERS)

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

Mother Tongue.....

Other Languages (Fluent or at least working knowledge):

- 1 English 2 French 3 German 4 Spanish
 - 5 Russian 6 Japanese 7 Arabic 8 Other
- Please specify

AREAS OF EXPERTISE

Please describe areas of expertise in your own words. 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 | |
| | | |

Next, please classify your main employment by employing agency and type of work.

EMPLOYING AGENCY

TYPE OF WORK

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

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

I have been retired since (year, if applicable)

(Signature)

(Date)

Yes, I am an Early Career Epidemiologist- practicing for 10 years or less.
If you checked 'YES' for ECE, please enter the completion date of your first epidemiological qualifying degree

Format: mm/dd/year

The IEA and its Aims

The International Epidemiological Association now has close to 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 electronic access, which is included in the membership dues. (A subscription to the print version of the journal can be purchased for an addition \$15/year. This option is not available for discounted membership categories, such as, student, ECE, joint, and senior members.) 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.

International Scientific Meetings are held triennially in different parts of the world. The last meeting was held in Anchorage, Alaska, USA, in 2014 and the next will be held in Saitama City, Japan, in August 2017. 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 **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

PRIVACY: For details ([click here](http://ieaweb.org/iea-documents/privacy-policy-for-membership-data-held-by-the-international-epidemiological-association/)), or go to <http://ieaweb.org/iea-documents/privacy-policy-for-membership-data-held-by-the-international-epidemiological-association/>

Sign to acknowledge

Date

PAYMENT OF MEMBERSHIP FEE

Name:
(Family name) (Middle name) (First name)

For IEA mail-outs, please print your exact mailing address in the box below, Please note that your address is limited to four lines 30 characters per line:

Mailing Address:

Telephone:
Fax Number:
E-mail:
(Please write clearly in CAPITAL LETTERS)

ANNUAL DUES

IEA/NEPHA
Joint Membership

Membership Period (from 1 January 201_ to 31 December 201_ / **Life**)
(Subscription rate - Annual US\$ 25.00 / **Life US\$ 250.00**)

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

Cheque is enclosed Please make cheques payable to **International Epidemiological Association**

By credit card Card Number.....
Visa - MasterCard - American Express (Circle One Being Supplied)

Expiration Date:

Cardholders Signature:

Date:

THIS FORM AND PAYMENT SHOULD BE SENT TO THE SECRETARY OF THE ASSOCIATION:
(either by email, in case of payment by credit card, or by mail in case of payment by cheque / money draft)

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