



Important Notice for 2025 Membership Cycle Eligibility:

Individuals employed by the tobacco industry are ineligible for SBM membership. Individuals employed by businesses involved in electronic nicotine delivery systems are only ineligible if those businesses are financially connected to the tobacco industry. If you are employed by the tobacco industry, please do not complete this form.

ORGANIZATION INFORMATION

Organization Name:

Please provide the name of your organization as you wish it to appear on the SBM website and in all communications.

Organization Address:

City:

State / Province:

Zip / Postal Code:

Country:

Organization Type: For-Profit 501(c)(3) Nonprofit Private University Government

Brief Organization Description:

Please share a brief overview of your organization with members that will be included on the Affiliate Membership website (500 words or less)

PRIMARY CONTACT INFORMATION

The individual responsible for deliverables, communicating with SBM Staff & Leadership, and scheduling check-in calls.

Full Name:

Degrees:

Job Title:

Email Address:

Phone Number:

ORGANIZATION ONLINE PRESENCE

Let SBM members know where they can find and connect with you!

Website:

Twitter / X:

Instagram:

LinkedIn:

TikTok:



SELECT YOUR AFFILIATE MEMBERSHIP PACKAGE

AFFILIATE MEMBERSHIP LEVELS & BENEFITS	ELITE MEMBERSHIP \$5,000	PREMIUM MEMBERSHIP \$3,500	STANDARD MEMBERSHIP \$2,500
COMPLIMENTARY SBM MEMBERSHIPS	5	3	2
COMPLIMENTARY ANNUAL MEETING REGISTRATIONS	3	2	1
ANNUAL MEETING SUPPORT - DISCOUNT RATE	20%	15%	10%
COMPLIMENTARY POSTS IN WEEKLY DIGEST E-NEWSLETTER	3	2	1
30-MINUTE PARTNERSHIP MEETING WITH SBM LEADERSHIP	✓	✓	✓
EXCLUSIVE ACCESS TO SBM'S SCIENTIFIC ADVISOR BOARD DIRECTORY	✓	✓	✓
YEAR-ROUND RECOGNITION ON SBM WEBSITE, CONFERENCE APP, ANNUAL REPORTS, AND MORE	✓	✓	✓
HOST AN SBM WEBINAR - DISCOUNTED RATE*	COMPLIMENTARY	50%	-
COMPLIMENTARY HEALTHY LIVING ARTICLE PUBLICATIONS	2	1	-
AFFILIATE MEMBERSHIP SELECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Hosting a webinar sponsorship regular rate: \$3,000

Please Check All That Apply:

- I would like to purchase a discounted webinar with the Affiliate Membership (*Premium Members Only*): **\$1,500**
- I intend on taking advantage of the Annual Meeting sponsor & exhibit discount
- 1 or more of my team will be attending the upcoming SBM Annual Meeting

AFFILIATE MEMBERS

Please list the contact information for each individual receiving an SBM Membership

Full Name:

Title:

Email Address:

#1

Full Name:

Title:

Email Address:

#2

Full Name:

Title:

Email Address:

#3

Full Name:

Title:

Email Address:

#4

Full Name:

Title:

Email Address:

#5



PAYMENT DETAILS

TOTAL PAYMENT: \$

Premium Members: add \$1,500 to total if purchasing a discounted webinar opportunity up front

Payment Type: Credit Card

Visa Mastercard AMEX Discover

Credit Card #:

Expiration Date:

Cardholder Name:

Cardholder Signature:

Payment Type: Other

Check Wire / ACH

Please make all checks payable to
The Society of Behavioral Medicine

APPLICATION AGREEMENT

Please note that submission of your Affiliate Membership application does not guarantee membership acceptance. Per the SBM Bylaws, all Affiliate Membership applications must be reviewed and approved by the Executive Committee.

REQUIRED: Membership Eligibility Checkbox

No individual included in the submitting organization's Affiliate Membership application is employed by the tobacco industry.

Applicant's Signature:

Date of Submission:

APPLICATION SUBMISSION

Submit by Mail:

Society of Behavioral Medicine (SBM)
555 E Wells Street, Suite 1100
Milwaukee, WI 53202

Submit by Email:

Eli Gonzalez-Rehorst, MS
SBM Development Manager
egonzalez-rehorst@sbm.org

THANK YOU!

The Society of Behavioral Medicine (SBM) is a 501(c)(3) tax-exempt organization
Tax ID: 13-2984912