Fields with \* are optional, all other fields are mandatory.

Failure to fill mandatory fields will prolong your application process.

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| **Please indicate the type of membership you are choosing:**[ ]  **I am interested in becoming a *Full Member* of the WHRI***What is a full member?* For an individual involved in women’s health research for whom the WHRI would be the only research institute affiliation.[ ]  **I am interested in becoming an *Associate Member* of the WHRI***What is an Associated Member?* Individuals who are involved in women’s health research, at least in part, but have a strong relationship with another research institute that they wish to maintain; the result is a dual membership with the WHRI and their current affiliation.[ ] **I am interested in becoming an *Affiliate Member* of the WHRI***What is an Affiliate Member?* Individuals who are extensively involved with another institute, but may have projects that would overlap with WHRI. |

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| **Applicant Information:** |  |
| **Last Name:**  |       |  | **First Name:** |       |  |
| **Degrees:** |       |  | **Academic Rank:** |  |  |
| **Work Phone:** |       |  | **Academic Dept:** |       |  |
| **Work Ext:\*** |       |  | **Cell Phone:\*** |       |  |
| **Work Email:** |       |  | **Personal Email:\*** |       |  |
| **PubMed ID:** |       |  |  |  |  |

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| **Mailing Address:** |
| **Department:** |   | **Room #:\*** |   |
| **Unit #:\*** |   | **Street:** |   |
| **City:** |   | **Province:** |   |
| **Postal Code:** |   | **Country:** |   |

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| **Please indicate any research & academic institutions you are affiliated with.** *(check all that apply)* |
| **INSTITUTIONS:** | **% TIME** |  | **INSTITUTIONS:** | **% TIME** |
| [ ]  BC Cancer Research Centre  |  |  | [ ]  University of BC |  |
| [ ]  Child & Family Research Institute |  |  | [ ]  Simon Fraser University |  |
| [ ]  VCH Research Institute |  |  | [ ]  University of Victoria |  |
| [ ]  PHC Research Institute |  |  | [ ]  University of Northern British Columbia |  |
| [ ]  Institute of Health Promotion Research |  |  | [ ]  Other:       |  |
| [ ]  BC Centre of Excellence in HIV/AIDS |  |  | [ ]  Other:       |  |

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| By marking the box, “Yes, I wish to be a member” below, I hereby give consent to becoming a member of the Women’s Health Research Institute. |
| [ ]  YES, I WISH TO BE A MEMBER | **APPLICATION DATE:**       |

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| **Mentoring:** |
| [ ]  I want to mentor (WHRI will contact you to follow up) | [ ]  No, I do not want to mentor |

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| **Would you like to receive emails from WHRI?** *(check all that apply)**\*Refer to www.whri.org for more information about the following:*

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| [ ]  Conference | [ ]  BCWH Research | [ ]  HIV | [ ] Mental Health & Addictions |
| [ ]  Events | [ ]  CARMA | [ ]  HPV | [ ]  VOGUE |
| [ ]  Job Postings | [ ]  Family Planning | [ ]  Integrative Genomics | [ ]  Other:   |

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| **Social Media:** *(check all that apply)*

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| [ ]  Facebook page: www.facebook.com/WomensHealthResearch Institute |
| [ ]  Twitter: www.twitter.com/WomensResearch |
| [ ]  I am interested in writing a blog post for WHRI |

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| **Website Profile:** By marking, “Yes, I wish to participate” below, I hereby give consent to the Women’s Health Research Institute to release the information contained within this application for inclusion on the Women’s Health Research Institute website (www.whri.org).

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| [ ]  YES, I WISH TO PARTICIPATE | [ ]  NO, I DO NOT WISH TO PARTICIPATE |

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| If you would like additional research information to be included on the website, please complete the following:\* If you are currently recruiting for a current project and would you like to have a ***study advertisement*** on the Women’s Health Research Institute website (www.whri.org), please check the corresponding boxes below. |
| **Current Research Projects:** *(maximum of 5)*

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| **Topic Area** | **Title** | **Brief Description** | **Run Ad** |
|   |   |   | [ ]  |
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| **Selected Publications:** *(maximum of 10, you can copy & paste citations here)*

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| **WHRI Purposes only:** |
| [ ]  Full Membership | Approved By:  |   |
| [ ]  Associate Membership | Approval Date:  |       |
| [ ]  Affiliate Membership | WHRI ID: |   |