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

Failure to fill mandatory fields will prolong your application process.

|  |
| --- |
| **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:** |

|  |  |
| --- | --- |
| **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:*   |  |  |  |  | | --- | --- | --- | --- | | Conference | BCWH Research | HIV | Mental Health & Addictions | | Events | CARMA | HPV | VOGUE | | Job Postings | Family Planning | Integrative Genomics | Other: | |
| **Social Media:** *(check all that apply)*   |  | | --- | | 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).   |  |  | | --- | --- | | YES, I WISH TO PARTICIPATE | NO, I DO NOT WISH TO PARTICIPATE | |
| 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)*   |  |  |  |  | | --- | --- | --- | --- | | **Topic Area** | **Title** | **Brief Description** | **Run Ad** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **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: |  |