



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.

Applicant Information:

Last Name:

Degrees:

Work Phone:

Work Ext:*

First Name:

Email:

ORCID iD:*

Academic Affiliation Information (if applicable):

Academic Rank:

Academic Dept:

Faculty:

Academic Div:

Clinical Affiliation Information (if applicable):

Are you a practicing health care provider?

Yes

No

Clinical Dept:

Clinical role/title:

Other relevant titles (i.e., administrative roles):

Type of provider:

Hospital/Agency:

Social Media Information (if applicable):

Twitter handle:

Website URL:



Mailing Address:

Department:

Room #:*

Unit #:*

Street:

City:

Province:

Postal Code:

Country:

Please indicate any research and academic institutions you are affiliated with (check all that apply):

BC Cancer Research Centre

University of BC

BC Children's Hospital Research Institute

Simon Fraser University

BC Mental Health & Addictions Research Program

University of Victoria

Vancouver Coastal Health Research Institute

University of Northern
British Columbia

Providence Health Care Research Institute

University of the Fraser Valley

BC Centre for Disease Control Research Institute

Other:

BC Centre of Excellence in HIV/AIDS

Other:

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

Media:

Would you be available to speak to the media about your area of expertise?

Yes, I am willing to speak to the media

No, I am not willing to speak to the media

Salary Award:

Do you currently hold a competitive salary award?

Yes

No

Name of award (if applicable):

Dates of award (if applicable):



Email contact:

Please let us know if you would **NOT** like to receive regular update emails from the WHRI

No I do **NOT** want to receive routine emails

PLEASE NOTE: If you check "NO" above, you will still receive personalized emails from the WHRI about important member messages and updates regarding your research activity/accomplishments.

Website Profile:

By marking, "Yes, I wish to participate" below, I hereby give permission for the Women's Health Research Institute to contact me in order to complete a 'researcher profile' that will appear on the WHRI's website (www.whri.org).

YES, I WISH TO PARTICIPATE

NO, I DO NOT WISH TO PARTICIPATE

Website – Study Recruitment:

* If you are currently recruiting for a research project and would you like to have a **study advertisement** on the Women's Health Research Institute website (www.whri.org), please provide the following information about the study you wish to advertise:

Research Projects: (maximum of 5)

Topic Area	Title	Brief Description

Curriculum Vitae (CV):

Please include a copy of your current curriculum vitae (CV) with the submission of this membership application.

WHRI Purposes only:

Full Membership

Associate Membership

Affiliate Membership

Approved By:

Approval Date:

WHRI ID: