



**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 Women's Health Research Institute.

**I am interested in becoming a *Student/Trainee Member* of the WHRI**

*What is a Student/Trainee Member?* Undergrads, grad students, medical students, research and clinical fellows, international students, and any person in a degree-granting program who is engaged in research.

Mailing Address			
Department		Room #	
Unit #		Street	
City		Province	
Postal Code		Country	

Applicant Information			
Last Name		First Name	
Degrees		Email	
Work Phone		ORCID ID	

Academic Affiliation Information			
N/A If applicable, please complete the box below			
University		Institution	
Academic Rank		Academic Faculty	
Academic Dept		Academic Division (if applicable)	



Clinical Affiliation Information			
Are you a practicing health care provider?    Yes                  No                  N/A			
Clinical Department		Type of provider	
Clinical role/title		Hospital/Agency	
Other relevant titles (i.e., administrative roles)			

Trainees		
Are you currently a student or trainee?    Yes                  No                  If 'yes', please complete the box below		
University		
What degree are you pursuing?		
Academic department		
In what year are you expecting to graduate or complete this program?		
Who is your current supervisor/mentor?		

Social Media Information	
Twitter handle	
Personal website URL	
Research/lab website URL	
Other relevant online presence (projects/programs/labs)	

Please indicate <u>research</u> institutions you are affiliated with (check all that apply – add others)		
<input type="checkbox"/> BC Cancer Research Centre		Other
<input type="checkbox"/> BC Children's Hospital Research Institute		<input type="checkbox"/> Other
<input type="checkbox"/> BC Mental Health & Addictions Research Program		<input type="checkbox"/> Other
<input type="checkbox"/> Vancouver Coastal Health Research Institute		<input type="checkbox"/> Other
<input type="checkbox"/> Providence Health Care Research Institute		<input type="checkbox"/> Other
<input type="checkbox"/> BC Centre for Disease Control Research Institute		<input type="checkbox"/> Other
<input type="checkbox"/> BC Centre of Excellence in HIV/AIDS		<input type="checkbox"/> Other



<b>How much protected time do you have for research (%)</b>

<b>Media</b>	
Would you be available to speak to the media about your area of expertise?	
<input type="checkbox"/> Yes, I am willing to speak to the media	<input type="checkbox"/> No, I am not willing to speak to the media

<b>Salary Award</b>		
Do you currently hold a competitive salary award?	<b>Yes</b>	<b>No</b>
<b>Name of award</b>		
<b>Start date of award</b>		
<b>End date of award</b>		

<b>Curriculum Vitae (CV):</b>
Please include a copy of your current curriculum vitae (CV) with the submission of this membership application.

Someone from the WHRI Communications team will be in touch with you to obtain information to complete a 'researcher profile' for the WHRI website.
<input type="checkbox"/> YES, I WISH TO BE A MEMBER
<b>APPLICATION DATE:</b>

<b>WHRI Purposes only:</b>		
<input type="checkbox"/> Full Membership	Approved By:	
<input type="checkbox"/> Associate Membership	Approval Date:	
<input type="checkbox"/> Affiliate Membership	WHRI ID:	
<input type="checkbox"/> Student/Trainee Membership		