



Membership Eligibility

In order to be eligible for membership with the Women's Health Research Institute (WHRI), you must be a women's or newborn health researcher, research trainee or research stakeholder based in British Columbia.

If you are not based in British Columbia, you would be eligible for membership with the WHRI *only* if you have an established research collaboration with a WHRI member. In this case, the WHRI member with whom you collaborate would need to send an email confirming your collaboration to whri@cw.bc.ca.

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		Other
<input type="checkbox"/> BC Mental Health & Addictions Research Program		Other
<input type="checkbox"/> Vancouver Coastal Health Research Institute		Other
<input type="checkbox"/> Providence Health Care Research Institute		Other
<input type="checkbox"/> BC Centre for Disease Control Research Institute		Other
<input type="checkbox"/> BC Centre of Excellence in HIV/AIDS		Other

How much protected time do you have for research (%)

Media
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

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

Curriculum Vitae (CV):
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 APPLICATION DATE:

WHRI Purposes only: Approved by:
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