



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](mailto: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	



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

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

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

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

**Are you currently a researcher on site at BC Women's & Children's**    Yes      No      N/A



<b>Please indicate <u>research</u> institutions you are affiliated with</b> (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

<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:    Approved by:</b>
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