

**MEMBERSHIP APPLICATION FORM**

|  |  |
| --- | --- |
| **Name:** Click or tap here to enter text.  **University of Calgary ID:** Click or tap here to enter text. | **DATE:** Click or tap to enter a date. |
| **Contact Information**  **Email:** Click or tap here to enter text.  **Telephone:** Click or tap here to enter text.  **Lab Telephone:** Click or tap here to enter text.  **Office Location(s):** Click or tap here to enter text.  **Lab/Clinical Location(s):** Click or tap here to enter text. | **Assistant Name:** Click or tap here to enter text. **Email:** Click or tap here to enter text.  **Telephone:** Click or tap here to enter text. |
| **Institutional Affiliation** *(check all that apply)***:** | U of C  AHS  Other (specify): Click or tap here to enter text. |
| **Academic Rank:** | Assistant Prof.  Associate Prof.  Full Professor  Adjunct   Other (specify) Click or tap here to enter text. |
| **Degrees (Institutions) and Royal College Fellowship (if applicable):** | Click here to enter text. |
| **Department(s)**: Click here to enter text. | **Faculty**: Click here to enter text. |
| **Which Institute will be your primary affiliation:** | Click here to enter text. |
| **Primary location of your research program / lab:** | Foothills campus: Med School / HMRB / HRIC / HSC / TRW  TBCC  Foothills Campus: Hospital  Alberta Children’s Hospital  Peter Lougheed Centre  Rockyview General Hospital  Holy Cross  South Health Campus  Main Campus, University of Calgary  Other (specify): |
| **Which area(s) of cancer research most closely align with your work** *(check all that apply)***:** | Disease mechanisms / Molecular basis of cancer  Translational cancer research / Diagnostics / Biomarkers  Experimental therapies / precision oncology / clinical trials  Cancer Immunology  Patient reported outcomes / quality of life  Systems / population level outcomes  Implementation sciences  Cancer Risk and Prevention  Imaging/AI/Physics  Health Services Research  Cancer Survivorship  Other (specify): |
| **Area of Focus** *(research project running title)*: | Click or tap here to enter text. |
| **Keywords** *(up to 5)***:** | Click or tap here to enter text. |
| **With which CIHR research pillar(s) are you aligned** *(check all that apply):* | Basic / biomedical research (Pillar I)  Applied / clinical research (Pillar II)  Health service delivery research (Pillar III)  Population / socio-cultural health / epidemiology research  (Pillar IV) |
| **Current or pending membership in other Cumming School of Medicine Research Institutes** *(check all that apply)***:** | Alberta Children’s Hospital Research Inst (ACHRI)  Hotchkiss Brain Institute (HBI)  Snyder Institute for Chronic Diseases  Libin Cardiovascular Institute  McCaig Institute for Bone and Joint Health  O’Brien Institute for Public Health |
| **Which Institute will be your primary affiliation:** | Click or tap here to enter text.  N/A  Other |
| **Your research website:** | Click or tap here to enter text. |
| **Your Pubmed Link:** | Click or tap here to enter text. |
| **Short Bio:** | Click here to enter text. |
| **Summary of Research (short description ~300 words)** | Click here to enter text. |

**Current Research Personnel and Trainees (***The intention of collecting this information is so that your research group members may be recognized as part of the institute and also to ensure that they are on ALL Institute contact lists as applicable to their positions)*

|  |  |  |
| --- | --- | --- |
| Name | Role (MSc student, PhD student, PDF, technician, lab manager, staff scientist, etc.) | Email address |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

By submitting this form you are confirming that you wish to apply for (or renew) your membership in the Institute, are willing to abide by the terms and conditions stated in the Membership Guidelines (available <https://charbonneau.ucalgary.ca/>) and that all information recorded in this form is accurate and correct to the best of your understanding.

Please send your completed form and most recent CV and picture by e-mail to Carmen Coelho [ccoelho@ucalgary.ca](mailto:ccoelho@ucalgary.ca)