

Applicant Information:				
Title:	Last Name:	First Name:	Initial:	
Degrees:		Academic Rank:		
Academic Department:		Academic Division:		
Contact Information:				
Room#:	Street Address:			
City:	Province:	Postal Code:		
Primary Phone#:	Secondary Phone#:	Fax:		
Email:	Web Address:			
Membership Category:				
Category 1		Category 2		Category 3
Practicing clinician: <input type="checkbox"/> Yes <input type="checkbox"/> No		Practicing clinician: <input type="checkbox"/> Yes <input type="checkbox"/> No		Practicing clinician: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Scientist Level 1		<input type="checkbox"/> Associate Scientist		<input type="checkbox"/> Clinical Investigator
<input type="checkbox"/> Scientist Level 2		<input type="checkbox"/> Associate Scientist Emeritus/a		<input type="checkbox"/> Clinical Investigator Emeritus/a
<input type="checkbox"/> Scientist Level 3		<input type="checkbox"/> Associate Clinician Scientist		
<input type="checkbox"/> Scientist Emeritus/a		<input type="checkbox"/> Senior. Associate Clinician Scientist		
<input type="checkbox"/> Senior Clinician Scientist		<input type="checkbox"/> Associate Clinician Scientist Emeritus/a		
<input type="checkbox"/> Clinician Scientist				
<input type="checkbox"/> Clinician Scientist Emeritus/a				
Cluster Affiliation:				
Indicate Cluster affiliation(s) by ticking the appropriate box(es). In the case of multiple cluster affiliations, applicants are required to indicate their primary (1 only) and secondary affiliation(s) and the % split between the groups for a total of 100% .				
Clusters:		Primary Affiliation:		Second Affiliation(if applicable):
		% Alignment		% Alignment
Childhood Cancer & Blood Research	<input type="checkbox"/>		<input type="checkbox"/>	
Developmental Neurosciences & Child Health	<input type="checkbox"/>		<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>		<input type="checkbox"/>	
Nutrition & Metabolism	<input type="checkbox"/>		<input type="checkbox"/>	
Genetics & Health	<input type="checkbox"/>		<input type="checkbox"/>	
Immunity in Health & Disease	<input type="checkbox"/>		<input type="checkbox"/>	
Innovations in Acute Care & Technology	<input type="checkbox"/>		<input type="checkbox"/>	
Reproduction & Healthy Pregnancy	<input type="checkbox"/>		<input type="checkbox"/>	

CFRI Application for Membership, Category 1, 2, 3 (cont.)

CFRI Partner Organization:	Primary Affiliation:		Second Affiliation <i>(if applicable):</i>	
		% Alignment		% Alignment
The Centre for Molecular Medicine and Therapeutics (CMMT)	<input type="checkbox"/>		<input type="checkbox"/>	

Supporting Documentation:
<input type="checkbox"/> Website profile sent as attachment to resinfo@cw.bc.ca (see Website Profile Template on Page 4)
<input type="checkbox"/> Two (2) page (max.) summary of applicant's research program (<i>separate from web profile research summary</i>)
<input type="checkbox"/> Applicant's CV
<input type="checkbox"/> Other (please detail):

It is agreed that the guidelines governing membership, as outlined in the "Child & Family Research Institute Membership Criteria" document, apply to this application and are hereby accepted by the applicant, the applicant's Department Chair and the R.I. Cluster / Program Leader.

Signatures:		
Applicant (Print Name)	Signature	Date
Academic Department Chair (Print Name)	Signature	Date
Cluster / Program Leader (Print Name)	Signature	Date
Cluster / Program Leader (Print Name)	Signature	Date
Cluster / Program Leader (Print Name)	Signature	Date

Mail the completed application form and supporting documents to: **Allison Rintoul**
Director, Research & Education Services
Child & Family Research Institute
950 West 28th Avenue, Room A2-148
Vancouver, BC V5Z 4H4

If you intend to split your membership with another research institution, you must complete the **additional section on Page 3** for the option for **Shared Membership**.

CFRI Application for Membership, Category 1, 2, 3 (cont.)

Option for Shared Membership

This section concerns applications for CFRI membership split with another partner research institution/organization.

To split your CFRI membership with another research institution, refer to the **Option to Share Membership with Partner Research Institution** in [Application Membership Guidelines](#) and **complete this additional section.**

As per CFRI Guidelines on Shared Membership, applicants must identify his/her institutional affiliations for the purposes of claiming 'credit' for research activities and to appropriately assign resources.

Shared Membership–Category 1		Shared Membership–Category 2		Shared Membership–Category 3	
Check institutions for shared membership:		Check institutions for shared membership:		Check institutions for shared membership:	
<input type="checkbox"/> BCMHARI	<input type="checkbox"/> WHRI	<input type="checkbox"/> BCMHARI	<input type="checkbox"/> WHRI	<input type="checkbox"/> BCMHARI	<input type="checkbox"/> WHRI
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Other (specify)	
Indicate % alignment with each of the 2 shared institutions for a total of 100%:		Indicate % alignment with each of the 2 shared institutions for a total of 100%:		Indicate % alignment with each of the 2 shared institutions for a total of 100%:	
CFRI		CFRI		CFRI	
And one (1) other institution:		And one (1) other institution:		And one (1) other institution:	
BCMHARI		BCMHARI		BCMHARI	
WHRI		WHRI		WHRI	
Other		Other		Other	
% Total	100%	% Total	100%	% Total	100%

In signing this application, it is agreed that the applicant is jointly aligned with the aforementioned research institutions, and that the credits and resources attributed to the applicant's research activities will be apportioned based on the percentage of alignment indicated above.

Signatures:

Partner Research Institution Leader (Print Name)	Signature	Date

CFRI Website Profile Template for Category 1, 2, 3

Please provide the following information about your research for inclusion on the CFRI's website.

Forward the *electronic* copy of this completed website profile template to resinfo@cfri.ca.

Contact the CFRI Research Services office at resinfo@cfri.ca if you have any questions about the website or research profiles

Thank you.

NAME:

TITLES:

DEGREES/DESIGNATIONS:

EMAIL:

TELEPHONE:

FAX:

LAB TELEPHONE:

ASSISTANT:

ASSISTANT TELEPHONE:

MAILING ADDRESS:

AFFILIATED WEBSITES:

RESEARCH AREA: *(Keywords/sentence describing area of focus.)*

SUMMARY: *(This summary is intended for the general public, so kindly describe your research in lay language, as if describing your work to someone without a background in science. The summary used here is **separate from** the scientific summary required in the CFRI Membership Application Form. – MAXIMUM 150 WORDS, 2-3 paragraphs)*

CURRENT RESEARCH PROJECTS: *(Description of top 2-3 projects – MAXIMUM 500 WORDS, 2-4 paragraphs)*

SELECTED PUBLICATIONS: *(MAXIMUM 10 publications from the past five years.)*

GRANTS: *(List major grants from past five years.)*

HONOURS/AWARDS:

RESEARCH GROUP MEMBERS: *(E.g., lab managers and technicians, post-doctoral fellows and graduate students.)*