



MEMBERSHIP PROFILE FORM

Please Indicate type of Membership being applied for:

Scientist

Collaborator

Highly Qualified Personnel
(please list supervisor, if relevant):

Title (e.g. Dr, Mrs, Mr)

First name

Last Name

University of Calgary ID (if applicable)

Providing your UCID assists us in giving you access to the Institute's resources

Are you considered a "new" investigator Yes No

What is the start date of your first faculty position (if applicable)

Organizational Affiliations and Positions (List primary position first. Repeat as necessary for number of positions currently held.)

Position	Department	Start date
Faculty	Unit	
Organization		
Position	Department	Start date
Faculty	Unit	
Organization		
Position	Department	Start date
Faculty	Unit	
Organization		

Contact Information

Email
Telephone
Website
Twitter Handle:
Mailing Address

Membership in other Cumming School of Medicine Institutes

ACH Research Institute for Child & Maternal Health
Libin Cardiovascular Institute of Alberta
Arnie Charbonneau Cancer Institute
McCaig Institute for Bone and Joint Health
Snyder Institute for Chronic Diseases
Hotchkiss Brain Institute

Current Projects /Activities:

Selected Publications:

Do you have a Scopus Author ID? If yes, please add here:



Research Interests / Expertise

Areas of Research Interest (hold "Ctrl" to select multiple values):

Expertise hold "Ctrl" to select multiple values):

Other Keywords:

To assist in the evaluation of your membership application, please answer the following:

Why are you interested in becoming a member of the Institute (i.e., what is your motivation for joining)?

Please also mention your interest in any of the [Research Groups, Programs, Units & Centres](#) affiliated with the Institute.

How do you anticipate contributing to the Institute and its mandate of knowledge advancement in population and public health and health systems research?



Please provide a short bio below and attach a recent picture/head shot with your submission. This information might be used on our web- site and/or for various communications.

Which of the following research group, program, centres and unit are you interested in? (check all that apply)

Alberta Sex, Gender and Women's Health Research Hub
Centre on Aging
Centre for Health Policy
Geography of Health and GIS Analysis research group
Group for Patient-Reported Measures
Health Economics Group

Health Equity HUB
Population Mental Health (via Mathison Centre)
Refugee Health YYC
Transplant Wellness Program
University of Calgary Biostatistics Centre
W21C Research and Innovation Centre

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 Agreement (available <http://www.obrieniph.ucalgary.ca/membership>), 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 jph@ucalgary.ca.