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| **Membership Application Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thank you for your interest in becoming a member of the McCaig Institute for Bone and Joint Health. Submission instructions are included at the end of this form. The Executive Council will review your membership application and you will be contacted within 30 days.  Please familiarize yourself and your trainees with the McCaig Institute website, as it is a valuable source of information regarding funding, educational opportunities, current news and upcoming events.  [mccaig.ucalgary.ca](file:///C:\Users\yvonne.durnin\Downloads\mccaig.ucalgary.ca) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personal Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | Type Here | | | | | | | First Name: | | | | Type Here | | | | | | | | | | Last Name: | | | | | Type Here | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | Type Here | | | | | | | | | | | | | | | | | | Website: | | | | | Type Here | | |
| Mailing  Address: | | | | | | Type Here | | | | | | | | | | | | | | | | | | Office Phone: | | | | | Type Here | | |
| Cell Phone: | | | | | Type Here | | |
| Lab:  *(Building, Room)* | | | | | | Type Here | | | | | | | | | | | | | | | | | | Lab Phone: | | | | | Type Here | | |
| City: | | | | | | Type Here | | | | | | | | Prov: | | Type Here | | | | | | | | Postal Code: | | | | | Type Here | | |
| **Administrative Assistant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | Type Here | | | | | | | | | | | | | | | | Telephone: | | | | | | Type Here | | | | | | |
| Email: | | | Type Here | | | | | | | | | | | | | | | | Office Location  *(Building, Room)*: | | | | | | Type Here | | | | | | |
| **Current Organizational Affiliations & Positions**  *(List primary position first, repeat as necessary to include all positions)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position: | | | | | Type Here | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Faculty/Department/Unit: | | | | | | | | | | | Type Here | | | | | | | | | | | | | | | | | | | | |
| Organization: | | | | | | | Type Here | | | | | | | | | | | | | | | | | | | | | | | | |
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| Faculty/Department/Unit: | | | | | | | | | | | Type Here | | | | | | | | | | | | | | | | | | | | |
| Organization: | | | | | | | Type Here | | | | | | | | | | | | | | | | | | | | | | | | |
| Position: | | | | | Type Here | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Faculty/Department/Unit: | | | | | | | | | | | Type Here | | | | | | | | | | | | | | | | | | | | |
| Organization: | | | | | | | Type Here | | | | | | | | | | | | | | | | | | | | | | | | |
| C:\Users\jessi\AppData\Local\Microsoft\Windows\INetCache\Content.Word\mccaig_logo_raster_RGB.JPG  *Mobility for Life* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of McCaig Institute Membership Requested**  *(Membership details and comparison can be found here)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Associate Membership | | | | | | | | | | | | | | | | | | | | | Full Membership | | | | | | | | | | |
| **Please Indicate Your Position and Full-Time Equivalent (FTE)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position (i.e. Professor): Type Here | | | | | | | | | | | | | | | | | | | | | FTE: Type Here | | | | | | | | | | |
| **UofC Time Allocation (%)**  *(As determined by the University of Calgary, Cumming School of Medicine)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Admin Allocation (%): | | | | | | | | Type Here | | Clinical Allocation (%): | | | | | | | | Type Here | | Education Allocation (%): | | | | | | | Type Here | | | Research Allocation (%): | Type Here |
|  | | | | | | | |  | |  | | | | | | | |  | |  | | | | | | |  | | |  |  |
| **Membership in Other UofC Cumming School of Medicine Institutes**  *(In consideration of the Cumming School of Medicine’s* [*Dual Membership Policy*](http://cumming.ucalgary.ca/research/institute-policy-statements)*, please indicate if you are a member of any other institutes)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Alberta Children’s Hospital Research Institute | | | | | | | | | | | | | | | | | | | | | Please Select | | | | | | | | | |
|  | Arnie Charbonneau Cancer Institute | | | | | | | | | | | | | | | | | | | | | Please Select | | | | | | | | | |
|  | Hotchkiss Brain Institute | | | | | | | | | | | | | | | | | | | | | Please Select | | | | | | | | | |
|  | Libin Cardiovascular Institute of Alberta | | | | | | | | | | | | | | | | | | | | | Please Select | | | | | | | | | |
|  | O’Brien Institute for Population & Public Health | | | | | | | | | | | | | | | | | | | | | Please Select | | | | | | | | | |
|  | Snyder Institute for Chronic Diseases | | | | | | | | | | | | | | | | | | | | | Please Select | | | | | | | | | |
|  | Other, please specify: | | | | | | | | | | | Type Here | | | | | | | | | | | | | | | | | | | |
| **In One or Two Sentences Please Describe Your Research Interests**  *(This will be used as a tag line associated with your research profile on the McCaig Institute website)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please Describe How Your Research Interests Align with the McCaig Institute**  *(Please see the McCaig Institute Strategic Plan)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please Provide a Summary of Your Research**  *(Approximately 150-200 words. This will be used to profile your program on the McCaig Institute website)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please Identify the CIHR Pillar(s) You Are Strongly Aligned With** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Pillar I: Basic / Biomedical Research | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Pillar II: Applied / Clinical Research | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Pillar III: Health Service Delivery Research | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Pillar IV: Population / Socio-Cultural Health / Epidemiology Research | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How Would You Like to Contribute, As A Member, to Support the Success of the McCaig Institute?**  *(Please indicate you preference(s))* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Committees *(Please Specify Below)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Operational | | | | | | | | | | |  | | Education & Training | | | | | | | | |  | | Research | | | |
|  | Organization & Participation in Symposia & Meetings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Other, please specify: | | | | | | | | | | | Type Here | | | | | | | | | | | | | | | | | | | |
| **Other Website**  *(If you have a website that you would like linked to your McCaig Institute profile, please provide the web address)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type Here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Electronic CV**  *(An up-to-date electronic CV* ***is required****. Preferred formats are* [*University of Calgary format*](file:///C:\Users\jessi\Documents\Membership\1.%20McCaig%20Documents\Application%20Form\UofC%20CV%20Format.pdf)*, CIHR Academic CV format, or similar****)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Data for the McCaig Institute membership database will be extracted from your CV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Acknowledgement By McCaig Institute Applicant**  *(Clicking the box below is equivalent to signing this application)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | I have read, understand and agree to the obligations and expectations of McCaig Institute membership | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Mobility for Life* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Submitting Your Application Package** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Submission Checklist: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Completed Membership Application Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Electronic CV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Photograph (High quality headshot for the McCaig Institute Website) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please send your completed membership package as a single PDF via email to [McCaig@ucalgary.ca](mailto:McCaig@ucalgary.ca)  The McCaig Institute Executive Council will review your application and you will be notified of the decision within 30 days. Successful applicants will be asked to give a brief presentation on their research history, current projects and future directions (15-20 minutes). Presentations will be used to identify potential collaborations and will occur as part of the weekly McCaig Institute Seminar Series.  With any questions, please contact:  [McCaig@ucalgary.ca](mailto:McCaig@ucalgary.ca) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **McCaig Institute Office Use ONLY** | | | | | | | | | | | | |
| Date Application Received: | | | Select Date | | | | Photo Included: | | | Yes | | No |
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| Date Application Reviewed By Executive Council: | | | | | | Select Date | | | | | | |
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| Application Recommended For: | | | | | | | | | | | | |
|  | Full Membership |  | | Associate Membership | | | |  | Not Recommended for Membership | | | |
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| Rationale: | | Type Here | | | | | | | | | | |
| Director Decision: | | Please Select | | | | | | | | | | |
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| Presentation To Be Given By Applicant: | | | | | Yes | | | | | | No | |
| Applicant Notified: | | | | | Yes Select Date | | | | | | No | |
| Seminar Series Notified: | | | | | Yes | | | | | | No | |
| Confirmed Presentation Date: | | | | | Select Date | | | | | | | |
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