

Canadian Center for Vaccinology, Halifax Membership Application Form

Name

Degree(s)

Address

Phone

Fax

Email

Proposed User Group

Membership Requested** See below

Vaccine Discovery

Full Member

Associate Member

Vaccine Evaluation

Affiliated Member

Affiliated Institution

Health Policy and Translation

Trainee Member

Current Academic Appointment(s) (institution, department, division, etc.)

Primary Research Interest(s)

Secondary Research Interest(s)

Current collaborations with CCfV members

Anticipated collaborations with CCfV members

Membership types:

Full Member: Committed to the vision of CCfV, and a substantial proportion of their research interests (not necessarily work) will be vaccine-related.

Associate Member: Main research interest in an area unrelated to vaccines, but will also have research interests or commitments through projects or trainees in the area of vaccinology.

Affiliated Member: May be temporary for collaboration on a research project e.g. Post Doctoral Fellows.

Trainee Member: Undergraduate, graduate and medical students training in vaccinology under a Full or Associate Member's guidance.

Signature

Date

Office Use Only

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|--|---------------|-----------------------------------|-----------------------------------|
| ----- Associate Director, Vaccine Discovery | ----- Date | Approved <input type="checkbox"/> | Rejected <input type="checkbox"/> |
| ----- Associate Director, Vaccine Evaluation | ----- Date | Approved <input type="checkbox"/> | Rejected <input type="checkbox"/> |
| ----- Associate Director, Health Policy and Translation | ----- Date | Approved <input type="checkbox"/> | Rejected <input type="checkbox"/> |
| ----- Chair, Management Committee | ----- Date | Approved <input type="checkbox"/> | Rejected <input type="checkbox"/> |