

APPLICATION FOR MEMBERSHIP

Friends of Canadian Institutes of Health Research was established in 2000 as the successor organization to Alumni and Friends of the Medical Research Council of Canada.

The objectives of *Friends of CIHR* are:

- to assist the Canadian Institutes of Health Research (CIHR) in realizing a strategic goal of a significantly enhanced research support structure;
- to collaborate with CIHR Institutes in their educational activities;
- to involve volunteer agencies, universities, hospitals, and private corporations in the promotion of health research;
- to serve as a community link on behalf of CIHR regionally and nationally;
- to lend support to the development of a consistent message supporting increased research funding from all levels of government; and
- to involve individuals and organizations among the lay community with experience and interest to support the goals and purposes of CIHR.

To achieve these goals *FCIHR* recruits individuals across all health disciplines and beyond.

INFORMATION:

(Completion of this form ensures FCIHR records are accurate and current. Your personal and professional data is used only for the sharing of FCIHR information with you and is not published, distributed or provided to any other parties without your express permission.)

Name: _____

Title: _____

Department: _____

Organization: _____

Mailing Address: _____

City & Province: _____ Postal Code: _____

Ph: (____) _____ - _____ ext _____ Fax: (____) _____ - _____

E-mail: _____

Previous Relationship (if any) to CIHR and its Councils and Committees (check all that apply):

☐ Graduate Student ☐ Centennial Fellow ☐ Clinician-Scientist Fellow ☐ Career Investigator ☐ Grantee
☐ member of IAB ☐ other _____

Signature _____

Date _____

INVOICE FOR MEMBERSHIP DUES:

Memberships are effective for one calendar year (January to December) and are payable in the preceding year:

Charter membership: \$75.00 _____

OR

General membership: \$50.00 _____

Additional Voluntary Contribution: _____

Total remittance: _____

Please return this form with your cheque made payable to:

Friends of Canadian Institutes of Health Research
GG441 - 820 Sherbrook Street
Winnipeg MB R3A 1R9