

# Canadian Center for Vaccinology, Halifax

## Membership Application Form

Name

Degree(s)

Address

Phone

Fax

Email

### Proposed User Group

Vaccine Discovery

Vaccine Evaluation

Policy, Programs, & Implementation

### Membership Requested (see below for membership types)

Full Member  Trainee Member

Associate Member  Affiliated Institution

Affiliated Member

### 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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office use only**

_____ 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, Policy, Programs, & Implementation	_____ Date	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>
_____ Chair, Management Committee	_____ Date	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>