LKSIoV Membership Request Form

Thank you for your interest in becoming a member of the Li Ka Shing Institute of Virology. To become a member of the Li Ka Shing Institute of Virology (LKSIoV), please complete the following request form and submit it along with your curriculum vitae, in PDF format via email to [lksiov@ualberta.ca](mailto:lksiov@ualberta.ca).

**PERSONAL INFORMATION**

Salutation:

Mr.  Mrs.  Ms.  Dr.  Other:

First, Middle, and Last Name:

Position:

Assistant Professor  Associate Professor  Professor  Other:

Institution:

Department & Faculty:

Office Address:

City: Province: Postal Code:

Office Telephone #: Email:

Website:

Twitter Handle:

LinkedIn:

Other:

**RESEARCH INFORMATION**

Select your research area:

Basic / Discovery  Clinical  Translational Research

Other:

Research Summary:

Current Projects / Research Interest (in point-form):

Current Research Team:

*(Please include full name(s), position/title, and email address of all your lab members:*

*Examples: Mr. John Smith, Lab Manager, smith@email.com; Dr. Mary Jones, Research Associate, jones@email.com; Ms. Emily Richter, PhD Student, Emily@email.com*):

|  |  |  |
| --- | --- | --- |
| SALUTATION,  FIRST & LAST NAME | POSITION/TITLE | EMAIL |
|  |  |  |

Specialized Research Techniques:

*(Techniques used in your lab - please be specific; i.e.: analytical chemistry, imaging, clinical trials, animal models, flow cytometry, genomics, bioinformatics, proteomics, etc.)*

Specialized Research Equipment:

*(Equipment owned/managed by your lab and are willing to share with other LKSIoV members. Please include info on bookings, training, protocols, costs, etc.)*

**APPLICANT SIGNATURE & DECLARATION**

By signing this membership request form:

1. I certify that the information in this form is true and complete in all respects, and that I have withheld no information.
2. I have read the *Membership Terms of Reference* and agree to *the Membership Obligations.*
3. I have included a current curriculum vitae along with this membership application form.

First & Last Name:

Signature:

Date (DD/MM/YYYY):

**Protection of Privacy -** The personal information requested on this form is collected under the authority of Section 33 (c) of the [*Alberta Freedom of Information and Protection of Privacy Act*](http://www.qp.alberta.ca/1266.cfm?page=F25.cfm&leg_type=Acts&isbncln=9780779762071) and will be protected under Part 2 of that *Act*. It will be used for the purpose of It will be used for the purpose of evaluating your application for membership with the Li Ka Shing Institute of Virology at the University of Alberta.

**Direct any questions about this collection or any other queries regarding LKSIoV membership to:**

Dr. Carla Craveiro Salvado, Director of Operations & Research ([craveiro@ualberta.ca](mailto:craveiro@ualberta.ca))

**Submit your membership request and curriculum vitae in PDF format via email to** [lksiov@ualberta.ca](mailto:lksiov@ualberta.ca)