

**Digestive Health Research Center Membership
Application Form**

(Fillable pdf please do not handwrite)

First name: _____ MI: _____ Last: _____

Department: _____ Position: _____

Phone: _____ Email: _____

Type of Membership Requested (select one): _____

Membership types

Full - investigator supported by peer reviewed extramural funding

Associate - active GI research (no peer reviewed extramural funding)

Provisional – commitment to future GI research

Current Peer Reviewed Extramural Funding:

Proportion of Total Funding Related to GI (%): _____

Grant Title: _____

Brief Description of Project & Relevance to Digestive Diseases Research (attach a separate page if necessary):

Grant Title: _____

Brief Description of Project & Relevance to Digestive Diseases Research (Indicate additional grants on separate page if necessary):

If No Current Extramural Funding with Relevance to Digestive Diseases, Describe Your Active Research or Future Plans Towards GI Investigation (attach a separate page if necessary):

Send or Fax this form with a copy of your current Biosketch or CV to Gail Hundley by email at: egh4n@virginia.edu or Fax: 243-6405

Note: if you have the Full Version of Adobe Acrobat you can save changes to this form and send it by email attachment, if you only have Adobe Acrobat Reader installed you cannot save this file and will need to print the completed form and fax