



Faculty Application for Membership

Please Print, Sign, and Mail this form with a current copy of your CV
to: Administrative Coordinator, HSRICE, 150 College Street,
Toronto, Ontario M5S 3E2

I wish to apply for membership in the Heart and Stroke/Richard Lewar
Centre of Excellence at the University of Toronto

First Name	<input type="text"/>
Last Name	<input type="text"/>
Street	<input type="text"/>
City	<input type="text"/>
Province	<input type="text"/>
Postal Code	<input type="text"/>
Position	<input type="text"/>
Fax	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

Do you have formal School of Graduate Studies appointment?

Yes No
Full** Associate Member
Continued Limited Term End of Term Date

(** If within the last 12 months, please provide a copy of SGS or departmental confirmation letter.)

What areas of cardiovascular research are you currently engaged in?

Would you like to belong to one of the HSRLCE priority programs?
(if so, please check one)

Atherosclerosis/Vascular Biology Heart Failure Congenital HD

Are you actively involved in graduate cardiovascular teaching?

Yes No

Course Details:

Do you currently hold a peer reviewed grant(s) in the cardiovascular field?

Yes No

Which Agency(s):

Do you presently supervise graduate students?

Yes No

Details:

Do you wish to be considered for scientist status with HSRLCE?

Yes No

(Scientists are individuals who have demonstrated a long term commitment in Cardiovascular research with stable grant funding, research productivity, and national/international recognition. Scientists will have priority for access to core facilities and input into future plans for the Centre)

**I wish to apply for membership in the Heart and Stroke/Richard Lewar
Centre of Excellence at the University of Toronto**

Signature _____ **Date**

PLEASE APPEND A RECENT CURRICULUM VITAE

Print and return to:

HSRLCE Business Manager
150 College Street, Room 78
FitzGerald Building
Toronto, Ontario M5S 3E2