



center for children's healthy lifestyles & nutrition
www.chlnkc.org

Membership Application Form

Name:			
	<i>Last</i>	<i>First</i>	<i>MI</i>
Academic Title:			
Department/Division:			
Address:			
Phone:			
Fax:			
Email:			
Department Administrator/ Grants Manager:			
	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Please indicate your primary area of interest in one of our 5 Key Areas:			
<input type="radio"/> Research	<input type="radio"/> Education	<input type="radio"/> Clinical	<input type="radio"/> Community <input type="radio"/> Advocacy
Please indicate whether you are applying for Full, Associate or Affiliate membership:			
<input type="radio"/> Full	<input type="radio"/> Associate	<input type="radio"/> Affiliate	
<p><i>Full members have active funding in the healthy lifestyles area as PI or Co-I within the last 3 years, <u>or</u> have a strong track record of publications in the field. Associate members can contribute to the mission of the Center in any of 5 of our Key Areas (identified above), and have a strong track record of productivity in one of these areas related to healthy lifestyles in children. Affiliate members are those who are interested in the healthy lifestyles area, but not appropriate for Full or Associate status. All members are reviewed annually, and are asked to submit their CV when requested as part of this review. More information on benefits of membership can be found on our website.</i></p>			
<p>Please return this completed form, along with a copy of your updated CV, to Renee Van Erp at rvanerp@cmh.edu.</p>			