Individual Membership Application

1. **Nominating CIDsCaNN Member:**

2. **Name of Applicant:**

3. **Email:**

4. **Please include a brief paragraph about your background, why you would like to join CIDsCaNN, and what you will bring to CIDsCaNN:**

5. **Self-identification:**

Care Provider		Researcher		Trainee Years of study:	
MD	☐	MD	☐	MD	☐
PhD	☐	PhD	☐	PhD	☐
RD	☐	RD	☐	Post-doctoral	☐
RN	☐	RN	☐	Dietician	☐
LPN	☐	NP	☐	RN	☐
RPN	☐	RSW/PSW	☐	RPN	☐
NP	☐	RPh	☐	LPN	☐
PA	☐			NP	☐
RSW/PSW	☐			PA	☐
RPh	☐			Social Work	☐
				Pharmacist	☐

6. **Practice Location:** ☐ Hospital:

☐ Private office/Clinic:

7. **University Appointment:** ☐ Yes ☐ No

    a. **If yes:** ☐ Full-time ☐ Part-time ☐ Affiliated

        i. Lecturer/Research Associate ☐

        ii. Assistant Professor ☐

        iii. Associate Professor ☐

        iv. Full Professor ☐

    b. **University Name:**

8. **Area(s) of special IBD expertise:**

9. **Please indicate sub-committee of interest (please rank your top 3 choices):**

    a. Basic & Translational Research Committee ☐

    b. Clinical Care & Quality Committee

    c. Clinical Research Committee

    d. Educational Committee

    e. Health Services Research Committee

    f. Patient Engagement & Advocacy Committee

    g. Training & Mentorship Committee

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