



# Membership Application Form

Thank you for your interest in the Libin Cardiovascular Institute (LCI). Membership in the LCI (new and continuing) is approved by the LCI Senior Leadership and is subject to periodic review.

Please send your completed application to [libin@ucalgary.ca](mailto:libin@ucalgary.ca)

For a comprehensive list of benefits and requirements for memberships within the Libin Cardiovascular Institute, please see:

<https://libin.ucalgary.ca/about-us/who-we-are/become-member>

Application Checklist and Instructions		
Please submit your completed application form and necessary documents to <a href="mailto:libin@ucalgary.ca">libin@ucalgary.ca</a> . All membership applications are initially reviewed for eligibility by LCI operations staff. Applications from those with academic and/or clinical appointments are then sent to the LCI Executive Committee for review.		
<input type="checkbox"/>	<b>Completed Application Form</b>	
<input type="checkbox"/>	<b>Current CV</b>	<i>The applicant's current CV.</i>
<input type="checkbox"/>	<b>Professional Headshot</b>	<i>A high-resolution headshot of the applicant. Preference to .JPEG and .PNG files with a resolution of at least XXX x XXX)</i>
<input type="checkbox"/>	<b>Speaker Bio</b>	<i>A short bio of the applicant's education and professional focus and accomplishments.</i>

## Libin Cardiovascular Institute Membership Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Institutional Affiliation: \_\_\_\_\_  
Academic Rank: \_\_\_\_\_  
Department(s) \_\_\_\_\_

Other Institute Membership?  
*If yes, please indicate which institute(s) and level of membership (full or associate).*  
\_\_\_\_\_

## Education and Training

Degree \_\_\_\_\_ Year: \_\_\_\_\_ Program/Department: \_\_\_\_\_

Institution: \_\_\_\_\_



Degree \_\_\_\_\_ Year: \_\_\_\_\_ Program/Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Degree \_\_\_\_\_ Year: \_\_\_\_\_ Program/Department: \_\_\_\_\_

Institution: \_\_\_\_\_

Royal College Fellowship  
(If applicable) \_\_\_\_\_

Institution: \_\_\_\_\_

**Research**

What is your current research focus, if applicable (<150 words)?

Are you an Early Career Investigator? Yes No  
( < 5 years from first faculty appointment)

<a href="#">CIHR Research Pillar</a>	Pillar I <input type="checkbox"/> <i>Biomedical</i>	Pillar II <input type="checkbox"/> <i>Clinical</i>	Pillar III <input type="checkbox"/> <i>Health Systems Services</i>	Pillar IV <input type="checkbox"/> <i>Population Health</i>
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The Libin Cardiovascular Institute has four key initiatives. For more information about these initiatives, please visit <https://libin.ucalgary.ca/about-us/our-initiatives>

Select the LCI Initiatives your work aligns with	<input type="checkbox"/> <i>Clinical Innovation</i>	<input type="checkbox"/> <i>Person to Population</i>	<input type="checkbox"/> <i>Precision Medicine</i>	<input type="checkbox"/> <i>Women’s CV Health</i>
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**Contact Information**

Email: \_\_\_\_\_

Office Location: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
*Building & Office Number*

Research/Clinic Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Building & Office Number*



Administrative assistant - contact information (if applicable)	
_____	Phone: _____
Assistant Name	_____
_____	Organization: _____
Assistant Email	AHS/UCalgary/Other

<b>Your Research Websites:</b>
_____
Lab/research website
_____
PubMed Link
_____
Google Scholar Link
_____
ORCID

**Alignment with LCI**

Summary of your alignment with the LCI mandate including clinical, research and education activities and focus (500 words)



## Acknowledgement

I have read and agree to the expectations of LCI Membership. I agree to the responsibilities outlined in the guidelines and am aware that membership is reviewed annually. Failure to adhere to the membership responsibilities could result in the revocation of LCI membership. YES

I have read and agree to abide by the **LCI Code of Conduct** and understand that breach of this code of conduct may result in the termination of membership and/or benefits within the LCI. YES

*Applicant Signature*

*Date*

Please send your completed application to [libin@ucalgary.ca](mailto:libin@ucalgary.ca)

LCI OFFICE USE ONLY			
<b>Date Received:</b>	<b>LCI Leadership Review Date:</b>	<b>Decision</b>	
		<input type="checkbox"/> <i>Membership Approved</i>	<input type="checkbox"/> <i>Membership Not Approved</i>
<b>Notes/Comments</b>			