

## Aging Research Centre, Memorial University

## **Application for Community Member Status**

Please select which category best applies to you:

Government Business

Dustriess	
Health care professional	
Other professional:	
Name of Applicant:	
Email Address:	
Telephone #(s):	

Older adult Family/caregiver Other community member

Organization and Position

Address (home or work):

(if applicable):

Main area(s) of interest in aging research and in becoming a Member:

## **Personal Statement:**

I wish to become a Community Member of the Aging Research Centre at Memorial University. As a Community Member, I will support the mandate of the Aging Research Centre.

As a Community Member, I will adhere to Memorial University policies including those involving research integrity and ethics (https://www.mun.ca/research/ethics/).

I have read and agree to the expectations and benefits of Community Members as outlined on the Aging Research Centre website (www.grenfell.mun.ca/arc).

I agree to identify my Aging Research Centre affiliation whenever possible.

By checking this box you are giving your digital signature that you agree to the terms and conditions above: I agree

I consent to having my name listed as a Community Member on the Aging Research Centre website.

I consent to receiving e-communications from the Aging Research Centre.

For more information or to submit your application, please contact <a href="mailto:arc@grenfell.mun.ca">arc@grenfell.mun.ca</a> or call 709- 639-4872.

For administrative use only: Discussed by Aging Research Centre Core Leadership Team Date:
Outcome: