

# Membership Application

Date of Application: \_\_\_\_\_

## SECTION 1: MEMBER INFORMATION

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

CREDENTIALS: \_\_\_\_\_

TITLES:

INSTITUTION: *(please check one)*

OUHSC

OU-Norman

OU-Tulsa

OMRF

OSU

Other: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

SECTION *(if applicable)*: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CAMPUS MAIL ADDRESS *(if applicable)*: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OFFICE TELEPHONE NUMBER: \_\_\_\_\_

## **SECTION 2: SUMMARY OF DIABETES AND/OR DIABETES-RELATED WORK:**

**In 100 words or less, briefly describe your diabetes-focused work, with emphasis on ongoing and/or currently funded activities.**

## **SUBMISSION INSTRUCTIONS**

**A complete applications consists of:**

- 1. This application form**
- 2. Your CV**

**Please submit an electronic copy of these materials to [hhdcmembership@ouhsc.edu](mailto:hhdcmembership@ouhsc.edu)**

**Applications for membership are evaluated on an ongoing basis. Applicants will be notified of the decision regarding their application within 30 days of submitting a complete application consisting of all application materials.**