



CENTER FOR WOMEN'S  
HEALTH RESEARCH  
MEHARRY MEDICAL COLLEGE

## APPLICATION FOR MEMBERSHIP

**APPLICATIONS WILL BE REVIEWED ON AN QUARTERLY BASIS**

Please attach your current curriculum vitae and/or your 4-page NIH biosketch (please highlight those publications related to women's health).

APPLICANT'S NAME: \_\_\_\_\_ MD PHD DDS Other\*  
First Middle Last \*If "Other" please provide details

\_\_\_\_\_  
 \_\_\_\_\_

YEARS AT MEHARRY: \_\_\_\_\_

CURRENT POSITION(S)/DEPARTMENT(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

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

TYPE OF MEMBERSHIP: Full Associate Affiliate TODAY'S DATE: \_\_\_\_\_

### YOUR RESEARCH NEEDS FOR CWHR MEMBERSHIP

	CURRENT	FUTURE
ENDOCRINE CORE	___	___
RADIOLOGY CORE	___	___
NUTRITION CORE	___	___
TISSUE ACQUISITION CORE	___	___
BEHAVIORAL CORE	___	___
FITNESS CORE	___	___
OTHER	___	___



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If you identified current or future needs please provide the following information on your project(s):

PROJECT TITLE: \_\_\_\_\_

YOUR ROLE: \_\_\_\_\_

FUNDING AGENCY: \_\_\_\_\_

DURATION OF AWARD: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

YOUR ROLE: \_\_\_\_\_

FUNDING AGENCY: \_\_\_\_\_

DURATION OF AWARD: \_\_\_\_\_

### List current research interests in women's health:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### List possible research interests in women's health:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### Application checklist (one or both):

\_\_\_ Your current curriculum vitae (please highlight those publications related to women's health) is attached.

\_\_\_ Your NIH 4-page biosketch (please highlight those publications related to women's health) is attached.

### Application materials should be emailed to:

Dr. Ayman Al-Hendy  
Scientific Director  
Center for Women's Health Research  
Meharry Medical College  
Attention: Patricia P. Stokes, MSW  
[pstokes@mmc.edu](mailto:pstokes@mmc.edu)

**THE APPLICATION SUBMISSION DEADLINE IS *May 16, 2008***

Your application will be reviewed by the CWHR Membership Approval Committee

For additional information about the Center for Women's Health Research (CWHR) and its services, please contact our administrative office at 615-327-6531.