

PERINATAL RESEARCH SOCIETY MEMBERSHIP APPLICATION

Date of Application: _____

Applicant Information:

Last _____ First _____ Middle Initial ____ Degree(s) _____

Membership Discipline: ____ Basic Science ____ Obstetrics/Gynecology ____ Pediatrics

Membership Category Applied for: Full Associate Category Determined by Council

Current Academic Title (Asst. Professor, etc): _____

Department _____

Institution: _____

Street/P.O. _____

City, State, Zip Code _____

Telephone: _____ Fax: _____ E-Mail: _____

Date of Birth: _____

Education/Training: *(Begin with baccalaureate or other professional education and include postdoctoral training.) Please use additional pages as required.*

Institution and Location	Field of Study	Degree (if applicable)	Date Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Research and Professional Experience: *(Concluding with present position, list in chronological order previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order the titles, all authors, and complete reference to all publications during the past three years and to representative earlier publications to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications.)* **DO NOT EXCEED TWO PAGES USING FEDERAL OR NATIONAL GRANT AGENCY FORMAT.**

Important Publications: *On a separate page, list the four publications you select to represent your best work and which demonstrate your independence as an investigator. Such work should have been performed after completion of your training. In one paragraph, summarize why you consider these publications your best work.*

DO NOT EXCEED ONE PAGE. DO NOT SEND PUBLICATIONS.

Current and Previous Research Grant Support: *Please attach additional pages if necessary.*

Source	Title	P.I.	Years	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Nominator _____ Seconder _____

Institution _____ Institution _____

Telephone _____ Telephone _____

PLEASE SUBMIT ALL MATERIALS ELECTRONICALLY TO staff@perinatalresearchsociety.org