

Aging Research Centre-Newfoundland and Labrador, Memorial University

Application for Community Member Status

Please select wh	nich category I	best applies to	you:
------------------	-----------------	-----------------	------

Government Business Health care professional Other professional: Older adult Family/caregiver Other community member

Name of Applicant:
Email Address:
Telephone #(s):
Address (home or work):
Organization and Position (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-Newfoundland and Labrador at Memorial University. As a Community Member, I will support the mandate of the Aging Research Centre-Newfoundland and Labrador.

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 ARC-NL website (https://mun.ca/grenfellcampus/research/aging-research-centre-nl/).

I agree to identify my ARC-NL 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.

 $For more information \ or \ to \ submit \ your \ application, \ please \ contact \ \underline{aging research centre@mun.ca}.$

For administrative use Aging Research Centre Date:	•		
Outcome:			