

**AFFILIATE MEMBER APPLICATION FORM**

**Updated November 2019**

Please refer to the Affiliate Member Policy to determine your eligibility: <https://cpcrn.org/member-resources?open=policies>

Affiliate Member Name: Click here to enter text.

Affiliate Member Organization: Click here to enter text.

Degrees: Click here to enter text.

How are you affiliated? (choose one):  Community Partner  Co-Investigator  Other

Email: Click here to enter text.

Phone: Click here to enter text.

Full work address: Click here to enter text.

Nominating CPCRN sponsor name: Click here to enter text.

Nominating CPCRN sponsor's center: Click here to enter text.

Workgroup name (*optional*): Click here to enter text.

Affiliate member's area(s) of expertise (affiliate applicant completes):

Click here to enter text.

Affiliate member's expected role or contribution (affiliate applicant completes):

Click here to enter text.

Endorsement comments from sponsor (what the applicant brings to the network).

Click here to enter text.

*Sponsor emails this form and applicant’s CV to the Coordinating Center at* [*beckylee@unc.edu*](mailto:beckylee@unc.edu)*. The application will be reviewed by the Steering Committee.*