

**WOMEN IN SCIENCE, DENTISTRY, AND MEDICINE (WISDM)
FACULTY ORGANIZATION
Membership Application**

Name: _____
(last, first, mi)

Degree(s): _____

Work Address: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Department: _____

City/State/Zip: _____

Work Phone: _____

Fax: _____

Position: _____

E-mail: _____

Are you interested in participating as a WISDM Liaison to your department?

___yes ___no If yes, which department and division _____

If you are interested in WISDM Committee participation, please indicate which committee.

- | | |
|---|---|
| <input type="checkbox"/> Graduate Student Liaison
(WIS Student Organization) | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Housestaff Liaison | <input type="checkbox"/> Professional Achievement Award |
| <input type="checkbox"/> Medical Student Liaison
(WIM Student Organization) | <input type="checkbox"/> WISDM Book Club (planning & logistics) |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Professional Development |
| | • Seminars |
| | • Annual conference |

Membership Categories:

Members: All faculty (clinical, basic science, administrative, full-time, part-time, any rank), students, housestaff, fellows, and post-docs in the VCU Schools of Medicine and Dentistry are considered members of WISDM and are invited and encouraged to participate in any and all events and meetings.

1. Lifetime Members: Any faculty member, student, housestaff, fellow, post-doc, retired faculty, alumni, or interested colleague at the VCU Medical Center who pays the one-time contribution to sustain and support our various programs is a lifetime member. **Lifetime Member:** \$100 (one-time contribution)

All funds are used to support professional development activities of the VCU WISDM Program.

Please indicate: ___ Faculty member ___ Dental student ___ Graduate student ___ Medical student
___ SOM ___ Housestaff ___ Fellow ___ Postdoc
___ SOD ___ Other, please indicate _____

Make check payable to: WISDM

Send this form and payment to:

Dr. Jennifer Koblinski, WISDM Faculty Organization
P.O. Box 980662, Richmond, VA 23298-0662