

Membership Application

Date of Application: _____

SECTION 1: MEMBER INFORMATION				
FIRST NAME: _____				
LAST NAME: _____				
CREDENTIALS: _____				
TITLES: _____				
INSTITUTION: <i>(please check one)</i>				
OUHSC	OU-Norman	OU-Tulsa	OMRF	OSU
Other: _____				
COLLEGE: _____				
DEPARTMENT: _____				
SECTION <i>(if applicable)</i> : _____				
OFFICE ADDRESS: _____				
CITY, STATE, ZIP: _____				
CAMPUS MAIL ADDRESS <i>(if applicable)</i> : _____				
EMAIL ADDRESS: _____				
OFFICE TELEPHONE NUMBER: _____				

SECTION 2: SUMMARY OF DIABETES AND/OR DIABETES-RELATED WORK:

In 100 words or less, briefly describe your diabetes-focused work, with emphasis on ongoing and/or currently funded activities.

SUBMISSION INSTRUCTIONS

A complete applications consists of:

- 1. This application form**
- 2. Your CV**

Please submit an electronic copy of these materials to hhdcmembership@ouhsc.edu

Applications for membership are evaluated on an ongoing basis. Applicants will be notified of the decision regarding their application within 30 days of submitting a complete application consisting of all application materials.