

The Wilson Centre General Member Application Form

Name

Email Address

Mailing Address

Daytime Phone Number

Are you (choose one or both):

Faculty, staff member or learner at the University of Toronto and/or within the Toronto Academic Health Science Network?

Please list affiliation(s)

A person who works at/with a health- or education-related community organization(s) within the greater Toronto area

Please list affiliation(s)

Are you interested in Health Professions Education? Please describe/explain (2-3 sentences)

Do you plan to participate in or collaborate on work that advances knowledge about Health Professions Education? Please describe/explain (2-3 sentences)

Are you planning to participate in the Wilson Centre's research rounds, seminars, and conferences?

Yes

No

A **complete application** will consist of:

- A completed application form;
- An up-to-date curriculum vitae