**CIKL Membership Application**

**York University**

## Contact Information

Name: ­

Title:

Department or Organization:

Email:

Website:

## Membership Category

* Research Associate
* Graduate Student Associate
* Undergraduate Student Associate
* Community Associate
* Visiting Associate

## RELEVANT BACKGROUND

Please provide a brief paragraph (100 words or less) describing your research interests and/or activities as they relate to the mandate of CIKL:

## for research associates

If you are applying to become a Research Associate, please let us know if you are interested in the following activities:

* I would like support for a research grant application through the Centre (CIKL could provide budget, editing, and other support for the application process, as needed)
* I would like to administer a research grant through the Centre (CIKL could provide support on a cost recovery basis - please enquire).
* I would like to organize a lecture, seminar, workshop, or event through the Centre (CIKL could provide in-kind support).
* I would like to share my research and publications on the CIKL website and through other media channels (e.g. social media, youtube, YorkSpace, etc.)

## For Undergraduate and Graduate Associates:

Program of Study:

CIKL Faculty Supervisor (if applicable):

Anticipated Graduation:

## participation in cikl

Please indicate how you would like to participate in the life of CIKL:

* I would like a profile on the CIKL website.
* I would like to support CIKL events (e.g. Volunteer, coordination, promotion of events in your networks, etc).
* I am interested in joining a research project (indicate which one in the comments section below).
* Attending or leading professional development workshops.
* I would like to participate in a mentorship program (as a mentor or mentee, indicate which one in the comments section below)
* Other (indicate below)Bottom of Form