

**INSTITUTE OF INTEGRATED HEALTHCARE (IIH)
MEMBERSHIP APPLICATION**

NAME OF APPLICANT:

Position or Rank	
Credentials/Certifications	
Mailing address	
Email address	
Telephone	

AFFILIATION TYPE

The University of Texas at Tyler	Other Institute of Higher Ed.	Community Partner
College	College	Business/Agency/Foundation
Dept.	Dept.	Name
Chair	Chair	Purpose
Dean	Dean	Contact

How can the IIH assist in the advancement of your goals? (check all that apply)

<input type="checkbox"/>	Educational programs or classes
<input type="checkbox"/>	Health promotion activities or exercise
<input type="checkbox"/>	Identify or Review Grants
<input type="checkbox"/>	Help with building partnerships
<input type="checkbox"/>	Financial Support of Research

How can your contributions advance the mission of the IIH? (check all that apply)

<input type="checkbox"/>	Provide educational programs (conferences, programs, classes)
<input type="checkbox"/>	Lead health promotion activities or exercise
<input type="checkbox"/>	Review grants/publications
<input type="checkbox"/>	Partner with others to advance integrated healthcare research
<input type="checkbox"/>	Support the IIH financially

Provide a brief summary of your research, education, and/or practice goals as they relate to the IIH. (Attach

a current copy of your CV or Resume.)

Signature: _____ Date: _____

IIH Director/Date	Associate Director/Date
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