

**WOMEN IN SCIENCE, DENTISTRY, AND MEDICINE (WISDM)
FACULTY ORGANIZATION
2013 – 2014 Membership Application**

Name: _____
(last, first, mi)

Degree(s): _____

Work Address: _____

Home Address: _____

City/State/Zip: _____

City/State/Zip: _____

Department: _____

Home Phone: _____

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

Membership Categories:

Members: All women 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. Our male colleagues are welcome to participate in our professional development programs, as well.

1. Supporting Members: Any faculty member, student, housestaff, fellow, post-doc, retired faculty, alumni, or interested colleague at the VCU Medical Center who pays an annual contribution to sustain and support our various programs is a supporting member. **Supporting Member:** Fees are requested and collected each academic year, August - May.
___\$30/yr. (faculty) ___\$10/yr. (individual in training and educational programs)

2. Charter 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. Tegwyn Brickhouse, Treasurer, WISDM Faculty Organization
P.O. Box 980566, Richmond, VA 23298-0566