



The Canadian Society for Immunology

Associate Member / Student Trainee Form

(this form must be submitted with your online registration)
Please print clearly or type.

Trainee Full Name:			
Mailing Address:			
Trainee Status (check one):	<input type="checkbox"/>	Student (MSc) – Year Degree Expected:	
	<input type="checkbox"/>	Student (PhD) – Year Degree Expected:	
	<input type="checkbox"/>	Post-doctoral – Degree and Year Received:	
Technician/Research Associate (for Tech/RA use only):	<input type="checkbox"/>	Indicate supervisor:	

Advisor/Department Chair Certification of Applicant's Trainee Status

I certify that the Trainee named above is a registered student or postdoctoral fellow engaged in a research training program, clinical fellowship, or residency program.

Name of Advisor/Department Chair:	
Advisor Signature:	
Advisor Email Address:	
Date:	

Upload a PDF of this signed form directly with your online membership registration.