



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):	Student (PhD) – Year Degree Expected:	
	Post doctoral – Degree and Year Received:	

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.