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Health Research Institute

Membership Form

Name: _____

Department: _____

Title: _____

Role: _____

Email address: _____@mtu.edu

Please include a maximum of a 3-page CV.

By signing and submitting this form, you confirm that you have read the **HRI Reasons to Join** and will collaborate with the Health Research Institute to carry out the mission and vision.

Signature: _____ Date: _____

Department Chair's Signature: _____ Date: _____

Scan and email signed form to hri@mtu.edu.