



**Michigan  
Technological  
University**

## 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](mailto:hri@mtu.edu).