

**WOMEN IN SCIENCE, DENTISTRY, AND MEDICINE (WISDM)
FACULTY ORGANIZATION
2010 – 2011 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.

Graduate Student Liaison
(WIS Student Organization)

Newsletter/website

Housestaff Liaison

Nominating

Medical Student Liaison

Professional Achievement Award

(WIM Student Organization)

WISDM Book Club (planning & logistics)

Membership

Professional Development

• Seminars

• Annual conference

Membership Categories:

1. 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 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. **Member:** No fee

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:** \$50 (one-time contribution)

3. Sustaining 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 sustaining member. **Sustaining Member:** Fees are requested and collected each academic year, July 1 – June 30.

___\$20/yr. (faculty)

___\$10/yr. (individual in training and educational programs)

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