



Affiliate Membership Information

*Please complete this form and return to Felicia Caples by fax at 601-815-9025
or via email at fcaples@umc.edu*

Profile/Contact Information:

Date:	
Name, Credentials, & Title:	
Month/Day of Birth:	
Gender:	
Department/School:	
Address: (please check preferred)	Home: _____ _____ Office: _____
Phone Number: (please check preferred)	Office: _____ Cell: _____
Email Address:	
Alternate Email Address:	
Research Area(s) of Interest:	Please list below:

Clinical Area(s) of Interest
(please indicate):

Please list below:

Areas of interest in
collaboration with the Myrlie
Evers-Williams Institute's
focus areas (please indicate):

Child Health Disparities
HIV/AIDS Disparities
Minority Male Health Disparities
Research Training
Other: _____

Please indicate whether research, clinical or both:

Research
Clinical
Both