



## AFFILIATE INFORMATION FORM

To read CERIS affiliation policy, click [here](#).

Prefix	First Name	Last Name		
Professional Title	Organization			
Department	Address			
City	Province	Postal Code	Country	
Telephone	E-mail		Today's Date	
<input type="text"/>				

Select the category that best describes your field of work.

Research

Policy

Service Provision

Identify your top three areas of research/interest:

Identify the top three populations related to your research, policy work, or practice (e.g., ethno-specific populations and different migrant classes):

Indicate if we can post the following information on the CERIS website:

Areas of research or interest

Contact information

Populations researched or served

Contact information for media requests

If you are a student, please select the corresponding category.

PhD student

MA student

***CERIS greatly values your input and insights. Please take a few minutes to share your feedback with us.***

How can CERIS help you further your work?

What knowledge mobilization activities would you like to contribute with? (e.g. panel discussions, publications, blog, and partnerships)

What do you think CERIS can do to strengthen its relationship with the membership?

***Please forward completed form to [monvalen@yorku.ca](mailto:monvalen@yorku.ca).***

Thank you.