**PCIBMR Associate Member Application and Website Profile Form**

***Name & Degree(s):***­­ ***­***

***Position/Title(s):***

***Primary Department/Division:***

***School/University:***

***Office Location:***

***Mailing address:***

***Preferred Email:***  ***Preferred Phone:***

***Faculty/PI Mentor:***

***Faculty/PI Mentor a PCIBMR member? Yes or No - If Not, please indicate why you want to join and describe if you are currently undertaking and/or have a track record in musculoskeletal research (in the latter case, please list at least one publication).***

***Other Affiliations:***

***Additional Info For Website Profile***

***Research Description/Themes:***

***Technique Expertise to share:***

***Other Keywords to help potential collaborators find you***:

***Link to publication list (myncbi or other list)***:

**PLEASE REMEMBER TO ALSO SUBMIT YOUR NIH Biosketch or CV and a photo at least 300 dpi @ 2x2” (or 72 dpi @ 8.3x8.3”)**