

Application for membership at CIH^{LMU} Center for International Health

The membership contract between you and the CIH^{LMU} comes into effect once the application for membership form has been completed and accepted by a duly authorized officer of the CIH^{LMU} and the Membership Agreement has been signed by you and by the CIH^{LMU} Board.

Please describe your connection with the CIH^{LMU}. This may include, for example, being an alumnus of the CIH^{LMU} Master's or PhD program, participation in CIH-affiliated research projects, or employment within the CIH^{LMU} or LMU Klinikum.

In your answer, kindly provide as much detail as possible (e.g., your role, study program, period of involvement, main activities/responsibilities, and any CIH^{LMU} partner institution you're affiliated with), as this is a key part of the CIH^{LMU} membership application. Incomplete information may delay the process.

☐ Yes, I'm involved with the CIH^{LMU}.
If yes, please explain.

☐ No, I'm not involved with the CIH^{LMU}.

Personal Information

Complete Name	<hr/>
Date of Birth (dd/mm/year)	<hr/>
Gender	<hr/>
Title/ Profession	<hr/>
Institute/ Company	<hr/>
Department/ Division	<hr/>

Academic degrees

Indicate highest degree earned, and institution granting the degree.

Contact Information

Institute/ Company Address

Street Address

Number/ Room

City

State

ZIP/ Postal Code

Country

Telephone

(incl. area code)

Mobile phone

Your E-mail Address

(Institutional and/or private)

If you are an alumnus of the CIH^{LMU} Master's or PhD program, please cross the appropriate study program:

- ☐ Master of Science in International Health
- ☐ Master of Science in International Occupational Safety and Health
- ☐ Master of Science in Integrated Clinical and Community Mental Health
- ☐ Master of Science in Health Professional Education
- ☐ Ph.D. Program Medical Research – International Health

Focus Areas of CIH^{LMU}, in which you are active:

- ☐ International Occupational Safety and Health
- ☐ Medical Education
- ☐ Infectious Diseases and Tropical Medicine
- ☐ Humanitarian Aid
- ☐ Pediatrics
- ☐ Global Mental Health
- ☐ Environmental Health
- ☐ One Health
- ☐ Others:

Collaboration with other institutions

Please indicate with a cross your active collaboration (if any) with CIH partner institutions.

List of CIH partner institutions:

- ☐ Jimma University (JU), Ethiopia
- ☐ National Institute of Medical Research – Mbeya Medical Research Center (MMRC), Tanzania
- ☐ Universidade Católica de Beira (UCM), Mozambique
- ☐ University of Cape Coast (UCC), Ghana
- ☐ Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB), Bhutan
- ☐ Patan Academy of Health Sciences (PAHS), Nepal
- ☐ Universidad del Rosario (UR), Colombia
- ☐ Universidade Federal do Paraná (UFPR), Brazil
- ☐ Universidad Mayor, Real y Pontificia de San Francisco Xavier de Chuquisaca (USFX), Bolivia
- ☐ Universidad de San Carlos de Guatemala (USAC), Guatemala

Please indicate the most important three collaborations with other institutions with potential relevance for the work of CIH (if any):

The aim of CIH^{LMU} and its partners is to improve the health conditions in low- and middle-income countries by promoting medical education and research.

I hereby apply for membership in the CIH^{LMU} Center for International Health. I have read and understood the CIH^{LMU} Membership Agreement.

For the purpose of processing my application and for the members' administration, I agree on the storage of my data.

Print Name

Place, Date

Signature

Please submit your membership application by post or e-mail to:

LMU Klinikum
CIH^{LMU} Office (Room D3.96)
Ziemssenstr. 1
80336 Munich, Germany
E-Mail: cih@lrz.uni-muenchen.de