**A logo for a network

AI-generated content may be incorrect.**

**SHIFT Network**

**Membership Application Form**

**1. Welcome Note**

*Thank you for your interest in joining the SHIFT Network. Please complete this application to help us understand your work, collaboration interests, and how you could contribute to our global community.*

**2. Applicant Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Job Title / Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Institution / Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Department / Lab (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mailing Address:  
Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Research & Collaboration Details**

Primary Research Areas: (e.g., generative AI, big data analytics, robotics, VR/AR)

Brief Summary of Research Interests or Focus:

Type of Collaboration Interests (please check all that apply):  
⬜ Co‑authoring publications  
⬜ Hosting/joining workshops or seminars  
⬜ Visiting scholar exchange  
⬜ Joint grant applications  
⬜ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Member Engagement**

Preferred Communication Channels: (e.g., email, Slack, Zoom)

Interested in volunteering for specific initiatives?  
⬜ Yes — please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
⬜ No

**5. Directory & Privacy Preferences**

Would you like your details included in the SHIFT Network Member Directory?  
⬜ Yes — Include: Name, Institution, Research Interests  
⬜ No — Keep all information confidential

Additional notes or preferences:

**6. Acknowledgement**

*By submitting this form, I confirm that all information provided is accurate to the best of my knowledge, and I agree to abide by the collaborative principles of the SHIFT Network.*

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feel free to adjust label styles, alignments, or add branding touches such as your fonts, colors, and logo placement.