**Membership application to join the BactiVac Network**

**Personal details**

Title**\***



Name \*

First name Last name

Job role**\***

Institution**\***

Address line 1\*

Address line 2

Country**\***

Postal/Zip code**\***

Email**\***

Nationality**\***

Gender**\***

        Please select

Phone**\***

Twitter handle

How did you find out about the BactiVac Network?**\***

            Please select

If 'other' please specify:

**Picture**

As we aim to grow a broad collaborative community around the area of bacterial vaccinology, we would appreciate a photo if you have one to hand to facilitate future interactions and networking.

Please attach your photo together with completed application form.

**Research interests and biography**

Please provide brief details of your main research interests **AND/OR** a link to your current research website page or staff profile page.\*

Please provide a short biography in the box below (max 200 words) highlighting information that you think would be of interest to other BactiVac members **AND/OR** paste in a link to your current biography.**\***

**Keywords**

Please tick one or more that are relevant to you. These keywords will be used to create a directory of members’ interests and thus facilitate future collaborations between our members.

**1. Vaccinology**

[ ] Polysaccharide vaccines

[ ] Conjugate vaccines

[ ] Live attenuated vaccines

[ ]  Vesicle vaccines

[ ]  Whole cell killed vaccines

[ ]  Protein subunit vaccines

[ ]  Vaccine chemistry

[ ]  Veterinary vaccines

[ ]  Maternal vaccines

[ ]  Immunoassays

[ ]  Epidemiology & modelling

[ ]  Public Health, policy and economics

[ ]  Technical development & Manufacturing

**2. Immunology**

[ ]  Antibodies

[ ]  T cells

[ ]  Innate immunity

[ ]  Mucosal immunology

[ ]  Microbiology

[ ]  Antigen discovery

[ ]  Adjuvants

[ ]  Pathogenesis

**3. Other**

[ ]  Clinical trials

[ ]  Tropical medicine

[ ]  Public engagement

**Confirmation**

By ticking 'I agree' you agree that your application is accurate and complete to the best of your knowledge and also that you consent to the details of your application being shared with the University of Birmingham, the Medical Research Council and BactiVac membership. You also agree to the BactiVac Terms and Conditions of Membership and always to act in accordance with them.

**Tick below for confirmation \***

I agree