

THE ACADEMY AT JOHNS HOPKINS

East Baltimore Campus

Member Enrollment Form

I. Applicant Information	
Name	Date
School of Affiliation (Medicine, Nursing, or Public Health)	Retirement Date (Past or Anticipated)
Former/Current Department	Former/Current Division
Hopkins Email	Alternative Email (please indicate if this is primary)
Home Phone	Mobile Phone
Home Address	Hopkins Badge No. (for Academy suite access)

II. Scholar Membership Interest
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p style="text-align: center;">All applicants will be registered for Academy Affiliate membership upon completion of this form. If interested in Academy Scholar membership, please check the box to the right, and the Academy Program Coordinator will contact you.</p> </div> <div style="width: 25%; text-align: center;"> <p>I am interested in Academy Scholar membership</p> </div> </div>

Please return the completed application to:
 Jennifer Van Beek, Program Coordinator
 The Academy at Johns Hopkins
JVanBeek@jhmi.edu or
JHAcademy@jhmi.edu

III. Interests and/or Comments (Optional)

Optionally, in the space below, please describe your areas of interest in continued scholarly engagement and/or Academy activities. You may also provide any comments or feedback on activities you'd like to see be offered by the Academy.