**WOMEN’S, GENDER, & SEXUALITY STUDIES**

**MEMBERSHIP INFORMATION**

**Name:**

**Department:**

**Academic Rank:**

**E-mail Address:**

Please describe your current and/or future interest in Women’s, Gender, and Sexualities Studies in the chart below.

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| --- | --- | --- |
| Check here if this applies | Area of Involvement | Additional Information Requested |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Research**I conduct scholarly inquiry that relates to WGSS.I would be interested in interdisciplinary research collaborations. | Focus of research:Possibility interdisciplinary interests: |
| \_\_\_\_\_\_\_ | **Teaching**I would be interested in teaching a WGSS course. These courses are listed on the website: www.lsu.edu/wgs | What course(s) do you have in mind? |
| \_\_\_\_\_\_\_ | **Coordinating Council**I would consider running for CC in the future or serving on a standing committee. | Which committee(s) would most interest you?Curriculum Awards & PublicityPrograms Undergraduate ProgramGrants & Research Community ConnectionsFaculty Development |
| \_\_\_\_\_\_\_ | **Other ways in which you see yourself participating.** |  |

I wish to become: (All initial appointments are given with full voting privileges)

\_\_\_\_\_\_\_ Faculty Member (LSU faculty with voting privileges – must attend in person or by proxy 50% of faculty meetings to retain

 voting privileges)

\_\_\_\_\_\_\_ Associate Member (LSU administrative or professional staff with voting privileges - must attend in person or by proxy 50%

 of faculty meetings to retain voting privileges)

\_\_\_\_\_\_\_ Affiliate Member (LSU faculty, administration, or professional staff without voting privileges who choose to support the

 mission of WGSS)