

**Member Research Interests**

The purpose of completing this form is to enable CARRN members to connect with one another regarding research interests. You need not be a researcher to complete this form. The data will be used to facilitate connections to other members based on areas of interest and can be very useful to connect with others practicing next door or across the country. The goal is to develop a directory based on the data contained on this form. Data will be shared only among members of CARRN. By completing and submitting this form you are giving consent for your information to be displayed on the Members Only section of the CARRN website. Please email your completed form to president@carrn.com.

**Surname:**

**First Name:**

**Province or Territory where you Practice:**

**Email or Other Contact Information:**

**Area(s) of Interest:**

**Research Experience:**

**Indicate Method of Research Interest:**

**Qualitative:**

**Quantitative:**