**The Canadian Network for Research on Terrorism, Security and Society (TSAS)**

**APPLICATION FOR AFFILIATION FOR NON-ACADEMICS**

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| Dr.  Mr.  Ms. | | | | | |
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| Last Name First Name Professional Title (if applicable) | | | | | |
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| Department Organization | | | | | |
|  | | | | | |
| Address | | | | | |
|  | |  | |  | |
| City Province Postal Code | | | | | |
|  |  | |  | | |
| Telephone Fax E-mail | | | | | |
|  | | | | |  |
| Organization Website and/or Twitter Application Date | | | | | |

**Select the Research Area most closely related to your area of interest (rank choices if more than one).**

([Read descriptions](http://tsas5.wpengine.com/research-areas/) of Research Areas)

\_\_ Terrorism and Violent Extremism \_\_ Radicalization \_\_ Security and Counterterrorism

\_\_ Countering Violent Extremism \_\_ Social Impacts & Consequences of Terrorism and Violent Extremism

**Relevant Publications:** (If applicable, please list up to five. These may be posted on the TSAS website.)

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| 1) |
| 2) |
| 3) |
| 4) |
| 5) |

**Please check the following boxes to indicate your understanding and agreement:**

**I agree to have my name and affiliation will be posted on the TSAS website**

**My email address will be added to the TSAS eNews list**

**Please answer the following:**

**Yes  No I would be willing to speak to media about my interests**

**Attach a statement of relevance (250 words max) explaining why you wish to affiliate with TSAS and how your work, training, and future plans relate directly to terrorism, security, and society.**

Please forward completed application and accompanying documentation to:

***The TSAS Executive Committee***

***c/o ec2ford@uwaterloo.ca***