



### Collaborator Addition Form

**Family name**

**Given name**

**Initials**  Do not include initials from given or family names.

**Position**

**If "Other" position, specify**

**Discipline**

**Organization**

**Department/Division**

**Address**

**City/Municipality**

**Province/State**

**Country**

**Postal/Zip code**  Required for correspondence purposes.

Country	Area		
Code	Code	Number	Ext.

**Phone**

**Email**

**Web address**

**Previous contact with SSHRC?**  i.e., as an applicant, co-applicant, collaborator or reviewer?