

WVU CANCER INSTITUTE MEMBERSHIP APPLICATION

The WVU Cancer Institute welcomes applications from all faculty members, Health Sciences Center affiliated schools and WVU colleges, who have cancer-related interest. Staff members with research funding are encouraged to apply.

Date:			
Last Name:		First Name:	
Position (Primary):		Department (Primary):	
School:			
Address 1:			
Address 2:			
City:		St:	Zip:
Work Phone:		Email:	
Please provide current NIH Biographical Sketch or your CV.			
Description of Research: * If you need additional space, please attach a separate Word document to this application.			
<input type="checkbox"/>	I will allow the WVUCI IT Department to edit my directory profile		
<input type="checkbox"/>	I do not want my directory profile edited		
<input type="checkbox"/>	I acknowledge and agree to the privileges and obligations of the WVUCI Membership		

I wish to apply for WVUCI membership. I support the mission of the Cancer Institute and understand the benefits and responsibilities of membership.

Signature:		Date:	
Signature of WVUCI Director		Date:	

Please return all materials by electronic submission to: wwucancer@hsc.wvu.edu