UCLA Jonsson Comprehensive Cancer Center

MEMBERSHIP APPLICATION

Name:_____**Degree(s) and Certifications:** _____

Faculty Appointment:_____**UCLA Faculty Appointment Date:** _____

Primary Department/Division:_____**Step/Series**: _____

Mailing Address:_____**Mail code**: _____

E-Mail Address:_____**UID:**_____

Main Phone Number: _____**Cell Phone Number:**_____

Website (optional): _____

I hereby subscribe to the Membership Guidelines.

_____ _____

Signature of Applicant Date Signature of Department Chair Date

Please indicate the Cancer Center Program in which you think your research fits (select all that apply):

- ☐ Cancer & Stem Cell Biology
- ☐ Cancer Control & Survivorship
- ☐ Cancer Molecular Imaging, Nanotechnology & Theranostics
- ☐ Epigenomics, RNA, & Gene Regulation
- ☐ Signal Transduction & Therapeutics
- ☐ Tumor Immunology

____ I have a primary research, clinical and/or administrative interest in the cancer field, but it is not within an existing Cancer Center Program.

Please briefly describe your primary <u>cancer-relevant</u> research interest(s) (will also be used in your online profile if accepted):

_____

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Please include the following attachments with your application:

- ☐ Provide a copy of your current Other Support (current and pending funding)
- ☐ A list of your cancer-related publications for the past 3 years (please highlight a maximum of 5 publications you would like displayed in your online profile)
- ☐ A copy of your up-to-date biosketch
- ☐ A recent headshot-style photo (to be included in your online profile upon acceptance)

Send this application and all attachments to: Ian Aust, IAust@mednet.ucla.edu

Hard copies can be submitted to:

Ian Aust
Jonsson Comprehensive Cancer Center
Factor Building, Room 8-684
Los Angeles, CA 90095-1781 (campus mail code 178121)