

Membership Application

The WVU Cancer Institute welcomes applications from all faculty members at 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				Department				
(Primary)				(Primary)				
School								
Address 1								
Address 2								
City				State		ZIP		
Work Phone				Email				
ORCID ID								
Requesting ap	pointme	ent as:						
Member			Associate Member	Clinical M	ember	Af	filiate Member	
Research Area	as of Inte	rest						
Basic Scier		Prevention	Prevention and Control					
Clinical Sci			Health Services and Intervention					
Translation	nslational Sciences				Other (please specify)			
Drug Deve	Drug Development							
Clinical Tri	als							
Please provide a current NIH Biographical Sketch or your CV.								
Description of Research *If you need additional space, please attach a separate Word document to this application.								
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I wish to apply for WVUCI membership to support the mission of the Cancer Institute. I acknowledge and agree to the benefits and responsibilities of membership.								
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Signature					Date			
Signature of					Date			
WVUCI Direct								
م ا ا	ace retiii	rn all m	aterials by electronic	submission to	wwicance	r@hsc w	vii edii	