



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 (Primary)		Department (Primary)			
School					
Address 1					
Address 2					
City		State		ZIP	
Work Phone		Email			
ORCID ID					
Requesting appointment as: <input type="checkbox"/> Member <input type="checkbox"/> Associate Member					
Research Areas of Interest <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Basic Sciences <input type="checkbox"/> Clinical Sciences <input type="checkbox"/> Translational Sciences </div> <div> <input type="checkbox"/> Population Sciences / Cancer Prevention and Control <input type="checkbox"/> Other (please specify) </div> </div>					
Please provide a current NIH Biographical Sketch					
Description of Research *If you need additional space, please attach a separate Word document to this application.					
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.					
Signature			Date		
Signature of WVUCI Director			Date		
Please return all materials by electronic submission to: vvucancer@hsc.wvu.edu					