Application for Louisiana Cancer Research Center Membership

Name _____ Title _____

Home Institution _____

Department _____

Address: _____

_____

Telephone #: _____ Fax #: _____ Email Address:_____

Type of Appointment: _____

Year of Appointment: _____

Tenure Status: ☐ Non-Tenure track ☐ Tenure-track ☐ Tenured (Year _____)

Please submit with application:

1. NIH Biosketch including current and pending funding – where applicable
2. Statement of Cancer Relevance for applicant's research (1 page limit)

Preferred Program Area (see descriptions in Criteria):

☐ Tumor Biology ☐ Genes x Environment ☐ Therapeutics & Diagnostics ☐ Population Sciences

Return all materials to:

LCRC Membership Committee (includes All LCRC Partner Leads)
Louisiana Cancer Research Center,
1700 Tulane Avenue, New Orleans, LA 70112
E-Mail: membership@lacancerresearch.org
(or via your Center Director)

Administration Use Only

Membership Type:

☐ Full ☐ Associate ☐ Contributing ☐ Not Recommended

☐ Recommended by Program Director

_____
Signature: Director or Designee Date: