

**Masonic Cancer Center, University of Minnesota  
Application for Membership**

<b>Name</b> (Last) (First) (MI)			<b>Department/Division</b>	
<b>Degree</b>	<b>Title</b>	<b>U of M Emp ID#</b>	<b>Mailing Address</b> (MMC or Room# & Bldg)	(Del Code)
<b>Telephone</b>		<b>Email</b>	<b>Office Location</b> (Room #)	(Bldg)
<b>Affiliation (e.g. School, College, Hospital)</b>			<b>Non University business address (if applicable)</b>	

**Areas of Interest**  
Identify **one** area of primary interest with a "1" and, if appropriate, areas of secondary interest with a "2."

Research Programs	Clinical Focus	
<input type="checkbox"/> Screening, Prevention, Etiology and Cancer Survivorship (SPECS)	<input type="checkbox"/> Bone/Soft Tissue Cancer	<input type="checkbox"/> Hematologic Malignancies
<input type="checkbox"/> Carcinogenesis and Chemoprevention	<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> Neuro-Oncology
<input type="checkbox"/> Genetic Mechanisms of Cancer	<input type="checkbox"/> Childhood Cancer	<input type="checkbox"/> Pediatric Brain Tumor
<input type="checkbox"/> Tumor Microenvironment	<input type="checkbox"/> Colorectal Cancer	<input type="checkbox"/> Skin Cancer/Melanoma
<input type="checkbox"/> Immunology	<input type="checkbox"/> Familial Cancer	<input type="checkbox"/> Thoracic Cancer
<input type="checkbox"/> Cell Signaling	<input type="checkbox"/> Gynecologic Cancer	<input type="checkbox"/> Urologic/Prostate Cancer
<input type="checkbox"/> Transplant Biology and Therapy	<input type="checkbox"/> Head & Neck Cancer	Other _____

**Briefly state your current specific area of scientific interest or expertise. (For MCC website)**

**Identify any comments or suggestions for the Cancer Center:**

*Applicant Signature*  
\_\_\_\_\_ *Dated* \_\_\_\_\_

**Submit application with evidence of peer-reviewed grant support and/or evidence of patient care, teaching or cancer control activities (for example, NIH Biosketch or curriculum vitae and to:**

Masonic Cancer Center, University of Minnesota  
612-624-8484, email: jacob016@umn.edu

*Mailing Address:*  
MMC 806  
420 Delaware Street, SE  
Minneapolis, MN 55455

*Location:*  
754 MCRB  
425 River Road  
Minneapolis, MN 55455

<b>For Office Use</b>
<b>Received:</b>
<b>Approved as:</b>
<input type="checkbox"/> <b>Member</b>
<input type="checkbox"/> <b>Adjunct Member</b>
<input type="checkbox"/> <b>Affiliate Member</b>
<input type="checkbox"/> <b>Research Member</b> Program(s) _____
<b>AD/Program Leader Signature/Approval:</b>
<b>Date:</b>