



Health

Jonsson Comprehensive
Cancer Center

MEMBERSHIP APPLICATION

Name

Degree(s) and Certifications

Faculty Appointment

UCLA Faculty Appointment Date

Primary Department/Division

Email

UID

Main Phone

Cell Phone

ORCID

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 best fits :

** In general membership is limited to one program, however, in limited circumstances where an individual's scientific research program has distinct areas of focus, up to two programs may be assigned.*

Cancer & Stem Cell Biology

Signal Transduction & Therapeutics

Cancer Control & Survivorship

Tumor Immunology & Immunotherapy

Cancer Molecular Imaging, Nanotechnology & Theranostics

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

Epigenomics, RNA & Gene Regulation

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

Please include the following attachments with your application:

Provide a copy of your current Other Support (current and pending funding)

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)

Copy of your up-to-date NIH-formatted biosketch

Recent headshot-style photo (to be included in your online profile upon acceptance)

Send this application and all attachments to Sarah Anwar Tar (SAnwar@mednet.ucla.edu).