

## Application for University of Hawaii Cancer Center Membership

Name \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of UH Appointment:  I  R  M  S Non-Rank:  3  4  5  
 9-month  11-month

Year of UH Appointment: \_\_\_\_\_ UH Employee #: \_\_\_\_\_

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)

*Return all materials to:*

*UH Cancer Center Deputy Director,  
 University of Hawaii Cancer Center,  
 701 Ilalo Street, Honolulu, HI 96813  
 E-Mail: DeputyDirector@cc.hawaii.edu*

### **Administration Use Only**

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Membership Type:

Full  Associate  Clinical  Not Recommended

Recommended by Program Director

\_\_\_\_\_  
 Signature: Director or Designee Date:

Date: \_\_\_\_\_