

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:

Chief Scientific Officer

University of Hawaii Cancer Center 701 Ilalo Street

Honolulu, HI 96813

E-Mail: membership_committee@cc.hawaii.edu

Administration Use Only

Membership Type:

Full Associate Clinical Not Recommended

Recommended by Program Director

Date: _____

Signature: Director or Designee

Date: