**Abramson Cancer Center of the University of Pennsylvania**

##### Mentored Membership Application Form

(Please submit electronically)

###### Date of Application:

# I. General profile

 Name (First, Middle, Last):

 Degree(s):

 Title/Position:

 Research Expertise:

 Clinical Expertise (if applicable):

 Campus address:

 Telephone number:

 Email address:

 PennKey:

 Penn ID #:

1. **Category of membership for which you are applying**
* **Mentored Member**

Senior Post-Docs, Fellows, and Instructors (not faculty).

**III. Please *briefly* describe your current cancer-related research**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**IV. Please provide electronic copies of the following documents with your application:**

1. Curriculum Vitae
2. Additional information you believe will assist in the evaluation of your application.

# V. Identification of a Faculty ACC Member Mentor and Alignment with a Research Program

**ACC Faculty Mentor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 **I confirm that my mentor approves this application**

Listed below are the nine Research Programs of the Abramson Cancer Center. Please select the primary Research Program to which your Faculty Mentor is aligned:

|  |  |
| --- | --- |
| \_ Breast Cancer | \_ Hematologic Malignancies |
| \_ Cancer Control | \_ Radiobiology and Imaging |
| \_ Cancer Therapeutics | \_ Tobacco and Environmental Carcinogenesis |
| \_ Immunobiology | \_ Tumor Biology |
| \_ Pediatric Oncology |  |

**VI. I would like to receive electronically:**

**🞎 ACC Events Bulletin (e-published every 2 weeks)**

**🞎 ACC Announcements and News**

**🞎** Program Listserve (when available)

**Return to: Jennifer McGuire, Abramson Cancer Center of the University of Pennsylvania**

**Perelman Center for Advanced Medicine, 12-140 SPE, tel: (215) 349-8386, fax: (215) 615-4181**

**e-mail:** **rjen@upenn.edu**