

IIBMST

Membership Form

Contact Information

Full Name: _____
Last First M.I.

Address: _____
Work Address State ZIP Code

Work Phone: _____ E-mail Address _____

Academic Rank _____

Academic Institution _____

Research Interests

Focus Group Choice(s)

- | | | |
|--|---|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Infectious Disease and Emerging Pathogens | <input type="checkbox"/> Regenerative Medicine and Tissue Engineering |
| <input type="checkbox"/> Disorders of the Nervous System | <input type="checkbox"/> Diabetes, Metabolic Disorders and Cardiovascular Disease | <input type="checkbox"/> Pharmacogenetics and Personalized Medicine |

Attach an electronic Letter of Intent explaining your choice(s) of Focus Group(s) (A letter for each focus group selection).

Attach your up-to-date Curriculum Vitae to the Membership Application

It must include:

List of all peer reviewed Publications

List of Past and Current Extramural Grant Support

(PI, Funding Source and Number, Title, Direct and Indirect Costs for this year and total funding period)