

Thomas Jefferson University Kimmel Cancer Center

Cancer Center Membership Guidelines

- Member: individual with an academic appointment who is a Principal Investigator of peer reviewed funded, cancer-related research and author of publications in leading scientific journals, or investigator involved in NCI sponsored clinical trials and has active participation in programmatic activities.
- Associate Research Member: investigator with academic appointment and active involvement in cancer research.
- Associate Clinical Member: patient care provider in the hospital or network who has demonstrated participation in patient based cancer research (clinical trials) and commitment to Kimmel Cancer Center mission.
- Affiliate Member: individual who either has an academic appointment or is a university, medical college, hospital or network employee who is primarily involved in care of cancer patients or support of the Kimmel Cancer Center mission.
- Emeritus Member: individual who has made an outstanding contribution to the mission of the Kimmel Cancer Center.
- Honorary Member: community member who is keenly interested in supporting the mission of the Kimmel Cancer Center.

Term of Membership: membership in the Cancer Center is for a 3 year renewable term. The Membership Committee will meet quarterly to review membership.

Kimmel Cancer Center Membership Application

| |
|---------------------------------|
| <input type="checkbox"/> Male |
| <input type="checkbox"/> Female |

Full Name: _____
Last Name
First Name
MI

Nominated for: _____

Check one Membership Type

- | | | |
|--|--|--|
| <input type="checkbox"/> Full Member | <input type="checkbox"/> Associate Clinical Member | <input type="checkbox"/> Emeritus Member |
| <input type="checkbox"/> Associate Research Member | <input type="checkbox"/> Affiliate Member | <input type="checkbox"/> Honorary Member |

(For Office Use Only)

Cancer Interest (check all that apply)

- Research Education Clinical

Types of malignancy of interest: _____

Primary Academic Appointment

Rank: _____ Department: _____

Nominee Data/Background

Office Address:

Street: _____
 City, State, ZIP: _____
 Telephone: _____
 FAX: _____
 Email: _____

Education:

| Degree | Year | College/University | City/State | Major |
|-----------------|------|--------------------|------------|-------|
| Bachelor | | | | |
| Masters | | | | |
| MD | | | | |
| PHD/DSc | | | | |
| Other Doctorate | | | | |

***Curriculum vitae and bibliography must accompany this application*

| | |
|---|---------------|
| _____ Signature of Nominee | _____ Date |
| _____ Proposed by | _____ Date |
| _____ Signature of Executive Committee | _____ Date |