

**Jefferson Vaccine Center
Membership Application
Executive Committee on Appointment**

Full Name: _____
Last Name
First Name
MI

Nominated for:

- Full Member
 Associate Member
 Emeritus Member
 Research Member
 Affiliate Member
 Honorary Member

(For Office Use Only)

Vaccine Interest (check apply)

- Research
 Education
 Clinical

Types of vaccine of interest:

Primary Academic Appointment

Rank: _____ Department: _____

Please describe your projected cancer related activities/collaborations and potential contributions to the JVC, as well as how membership in the JVC will support and advance your research goals. (Use additional paper, if necessary)

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