



MEMBERSHIP APPLICATION

Name Degree(s) and Certifications
Faculty Appointment UCLA Faculty Appointment Date
Primary Department/Division
Email UID
Main Phone Cell Phone
Website (optional)

I hereby subscribe to the Membership Guidelines.

Signature of Applicant Date Signature of Department Chair Date

Please indicate the Cancer Center Program in which you think your research best fits :
\* In general membership is limited to one program, however, in limited circumstances where an individual's scientific research program has distinct areas of focus, up to two programs may be assigned.

- Cancer & Stem Cell Biology
Cancer Control & Survivorship
Cancer Molecular Imaging, Nanotechnology & Theranostics
Epigenomics, RNA & Gene Regulation
Signal Transduction & Therapeutics
Tumor Immunology
I have a primary research, clinical and/or administrative interest in the cancer field, but it is not within an existing Cancer Center Program.

Please briefly describe your primary cancer-relevant research interest(s) (will also be used in your online profile if accepted):

Please include the following attachments with your application:

- Provide a copy of your current Other Support (current and pending funding)
List of your cancer-related publications for the past 3 years (please highlight a maximum of 5 publications you would like displayed in your online profile)
Copy of your up-to-date NIH-formatted biosketch
Recent headshot-style photo (to be included in your online profile upon acceptance)



**The following demographic sections are optional. Your response will be kept strictly confidential and demographic data for our JCCC membership will only ever be reported in aggregate. We ask for this information in an effort to better understand our membership and better enable our Center to live up to its commitment of promoting equity, diversity and inclusion across all of our activities.**

**Please indicate the race/ethnicity you identify with by selecting all that apply (optional):**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino/Latina/LatinX
- Native Hawaiian or Pacific Islander
- White

**Please indicate the gender you identify with by selecting one of the boxes (optional):**

- Male
- Female
- Transgender
- Non-binary/non-conforming
- Other (please specify)
- Prefer not to respond

**Send this application and all attachments to:** Amanda Tan, [AAATan@mednet.ucla.edu](mailto:AAATan@mednet.ucla.edu)