# Center for Drug Design

## Application for Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Division</th>
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<tbody>
<tr>
<td>Degree/Title—Faculty/Staff</td>
<td>Mail Address</td>
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<tr>
<td>Telephone</td>
<td>Fax</td>
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<tr>
<td>Office Location</td>
<td>Non-University Address (if applicable)</td>
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<td>Email</td>
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**Areas of Interest** (check all that apply)

**Research**
- [ ] Anti-viral
- [ ] Anti-microbial
- [ ] Anti-cancer and Chemopreventive
- [ ] Neuroreceptor ligands
- [ ] Other (Please describe) ____________________________________________

**Teaching/Service**
- [ ] Teaching
- [ ] Community Outreach
- [ ] Service to the Center
- [ ] Community Service

State your specific area of scientific interest.

______________________________________________________________

Signature ___________________________________________ Date __________

Scientific Faculty/Staff Applicants—submit application with brief bio-sketch or equivalent.
Non-scientific Applicants—submit a letter of interest.

Send to:
- Center for Drug Design Telephone: 612-625-8126
- MEMBERSHIP Fax: 612-625-8154
- 516 Delaware Street S.E. Email: schne076@umn.edu
- MMC 204 Mayo
- Minneapolis, MN 55455

Date Received ______________________
Approved as: Member ________________