Center for Drug Design
Application for Membership

Name

Department/Division

Degree/Title—Faculty/Staff

Mail Address

Telephone

Fax

Office Location

Email

Non-University Address (if applicable)

Affiliation (School, College, etc.)

Areas of Interest
Number areas of interest from “1”, “2”, and so on.

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 bio-sketch or equivalent. (3 page limit)
Non-scientific Applicants—submit a letter of interest.

Send to:
Elizabeth Wolfson
Center for Drug Design
7-125F Weaver-Densford Hall
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Minneapolis, MN  55455

Telephone:  612-624-2227
Fax:  612-625-2633
Email:  ravdi002@umn.edu

Date Received_________________________

Approved as: Member_______________ Research Member____________
Adjunct Member___________ Adjunct Research Member__________