

Name: _____

Faculty Appointment: _____

In the Dept(s) of: _____

I am requesting _____ Full Membership _____ Associate Membership

Briefly describe why you are interested in MBI membership:

Please provide a title and short abstract describing your research interest(s):

Please select *one* area that most closely describes your research interests.

(This will be used for the faculty directory on the MBI website)

- | | |
|--|--|
| <input type="checkbox"/> Gene Regulation | <input type="checkbox"/> Macromolecular Structure and Function |
| <input type="checkbox"/> Macromolecular Interactions | <input type="checkbox"/> Molecular Cell Biology |
| <input type="checkbox"/> Molecular Genetics | <input type="checkbox"/> Structural Biology |
| <input type="checkbox"/> Signal Transduction | <input type="checkbox"/> Molecular Pathogenesis and Immunity |

I would like to be involved in planning the following activities:

- ☐ Research Seminar Series
- ☐ Symposia
- ☐ Fundraising
- ☐ Workshops

I have read and met the eligibility requirements for MBI membership.

Signature of Applicant

Date