

# Cancer Biology Training Consortium

A 501(c)3 and 509(c)2 Corporation FEID 26-0497269

WWW.CANCERBIOLOGYTRAINING.ORG

## Membership Application

### 1. Print Name, Address & Contact Information

Institution Name \_\_\_\_\_

Department Name \_\_\_\_\_

Department Web Site Address \_\_\_\_\_

#### Representative #1

Full name and credentials \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

#### Representative #2

Full name and credentials \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### 2. Submit Your Membership Dues

**Institutional Membership July 1, 2010 through June 30, 2011..... \$500**

### 3. Send Application and Payment:

**By Credit Card:** Fax completed and signed form to 480-393-4589 or scan and email to **swilder@wfubmc.edu**

Name on card \_\_\_\_\_ Billing zip code of card \_\_\_\_\_

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**By Check:** Make payable to Cancer Biology Training Consortium, mail to

Sheridan Wilder

Cancer Biology Training Consortium, c/o Comprehensive Cancer Center of Wake Forest University,  
Medical Center Boulevard, Winston-Salem, NC 27157