

# Thomas Jefferson University Kimmel Cancer Center

## Cancer Center Membership Guidelines

- Member: individual with an academic appointment who is a Principal Investigator of peer reviewed funded, cancer-related research and author of publications in leading scientific journals, or investigator involved in NCI sponsored clinical trials and has active participation in programmatic activities.
- Associate Research Member: investigator with academic appointment and active involvement in cancer research.
- Associate Clinical Member: patient care provider in the hospital or network who has demonstrated participation in patient based cancer research (clinical trials) and commitment to Kimmel Cancer Center mission.
- Affiliate Member: individual who either has an academic appointment or is a university, medical college, hospital or network employee who is primarily involved in care of cancer patients or support of the Kimmel Cancer Center mission.
- Emeritus Member: individual who has made an outstanding contribution to the mission of the Kimmel Cancer Center.
- Honorary Member: community member who is keenly interested in supporting the mission of the Kimmel Cancer Center.

**Term of Membership:** membership in the Cancer Center is for a 3 year renewable term. The Membership Committee will meet quarterly to review membership.

**Kimmel Cancer Center  
Membership Application  
Executive Committee on Appointment**

Full Name: \_\_\_\_\_  
Last Name
First Name
MI

<input type="checkbox"/> Male
<input type="checkbox"/> Female

***Nominated for:***

***Check one Membership Type***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Full Member               | <input type="checkbox"/> Associate Clinical Member | <input type="checkbox"/> Emeritus Member |
| <input type="checkbox"/> Associate Research Member | <input type="checkbox"/> Affiliate Member          | <input type="checkbox"/> Honorary Member |

*(For Office Use Only)*

***Cancer Interest (check all that apply)***

- Research       Education       Clinical

***Types of malignancy of interest:***

***Primary Academic Appointment***

Rank: \_\_\_\_\_ Department: \_\_\_\_\_

***Nominee Data/Background***

*Office Address:*

Street: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 Email: \_\_\_\_\_

***Education:***

Degree	Year	College/University	City/State	Major
Bachelor				
Masters				
MD				
PHD/DSc				
Other Doctorate				

*\*\*Curriculum vitae and bibliography must accompany this application*

\_\_\_\_\_  
 Signature of Nominee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Proposed by

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Executive Committee

\_\_\_\_\_  
 Date