

**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 (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
MEMBERSHIP
516 Delaware Street S.E.
MMC 204 Mayo
Minneapolis, MN 55455

Telephone: 612-625-8126
Fax: 612-625-8154
Email: schne076@umn.edu

Date Received_____

Approved as: Member_____