

Application for Membership, UNC Blood Research Center

* Required

Email address *

Phone number *

First Name *

Last Name *

Degree *
(MD, PhD, other professional certifications as necessary)

Title *

Department or Division *

Brief Description of Research Interests *
(Please provide a short paragraph describing your research area, specific interests, and other notable details about your research. (Max: 250 characters))

What interested you in becoming a member of the UNC Blood Research Center?

Other Comments

Is there anything else you want to share with the Executive Committee when they review your application? If so, please share below.

Biosketch and/or Curriculum Vitae *
(Please submit a PDF version of your current biosketch/cv together with this application form to Christine Hill at christine_hill@med.unc.edu); Questions please contact (919) 966-3311.