

CANCER SCIENCE INSTITUTE OF SINGAPORE
MEMBERSHIP APPLICATION FORM

Please fill in all fields. Please send completed form to csi_singapore@nus.edu.sg.

1. APPLICANT'S DETAILS			
Last Name:		First Name:	
Title:			
Position:			
Department/ Division:			
Organization:			
Office Phone:		Mobile:	
Email Address:			

2. FIELD OF RESEARCH
Please provide a brief description of your cancer research interests.
Please list your active, as well as future collaboration(s) with CSI investigators.

3. MEMBERSHIP TYPE & LAB SPACE/RESOURCES AT CSI		
Please indicate the type of membership you are applying for:		
<input type="checkbox"/> Associate Investigator (AI)	<input type="checkbox"/> Joint Fellow (JF)	<input type="checkbox"/> Visiting Researcher
Sponsoring CSI PI ¹ :	Sponsoring CSI PI:	
Please indicate the use of lab space and/or resources at CSI		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please attach approval email from CSI PI confirming their sponsorship for the applicant		

¹ For **Associate Investigators** who do not require lab space and/or resources at CSI, a Sponsoring CSI PI is not required

4. MEMBERSHIP AGREEMENT AND SUBMISSION
<input type="checkbox"/> I hereby confirm that the information contained in this application is correct and I agree to the Membership Responsibilities.
<input type="checkbox"/> I hereby attach the following for consideration:
1) Contributions made during current appointment
2) Expected future contributions
3) Latest CV with publication list
4) Copy of your (re)appointment letter (stating period of contract) from your parent employer as well as approval from them that they have no objection to your joint appointment at NUS

Name & Signature of Applicant	
Date of Application:	

5. FOR OFFICIAL USE ONLY		
Date Received:		
Comments by Sponsoring CSI PI (required). Please provide information on 1) applicant's alignment to CSI programmes, 2) lab space/resources (within PI's allocated space/resources) provided to applicant (if applicable) & 3) any other relevant information, that will help to accelerate the application process		
Name:	Signature	Date:

Comments by Membership Committee (if any):		
Endorsement by CSI Membership Committee Chair:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	
Name:	Signature:	Date:
Endorsement by CSI Director:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	
Name:	Signature:	Date: