CENTER FOR IMMUNOLOGY

University of Minnesota

Application for Membership

Name	Department
Academic Title	Phone
Mailing Address	Fax E-mail

Statement of Research Interests (can be appended on separate page)

Please check one or both: ☐ basic research ☐ clinical research

Do you wish to be included on: ☐ seminar mailing list

☐ e-mail Immunology mailing list

Suggestions for Center for Immunology development

Applicant Signature _____ **Date** _____

Department Head Signature _____ **Date** _____

Return along with BioSketch and Other Support to:

Annette Bethke
Center for Immunology
312 Church Street SE
Mayo Mail Code 334
Minneapolis, MN 55455