

Scientific Membership Application Form

Applicant Name: <i>(Last, First)</i>			
Academic Title:			
Degree:			
Department:			
School / Unit:			
Campus Address:			
Telephone Number:			
E-mail Address:			
Assistant's Name: <i>(if applicable)</i>			
Assistant's E-mail:			
Type of membership you are applying for: <i>(check one)</i>			
Full Membership:	<input type="checkbox"/>	Associate Membership:	<input type="checkbox"/>
Summary of research interests in children's health and disease:			

Area(s) of research alignment with CHINJ research programs: <i>(Please check preferred program alignment. If more than one, please indicate which area is your primary interest)</i>	
	Inflammation, Immunity and Infection
	Autism and Neurodevelopment
	Pediatric Cancers, Development and Stem Cell Research
	Metabolism and Childhood Obesity
Submit your completed Scientific Membership application form along with a current CV to the following e-mail address: kathleen.semler@rutgers.edu	
<p>Child Health Institute of New Jersey Rutgers, The State University of New Jersey 89 French Street, Room 3210 New Brunswick, NJ 08901</p> <p>Tel: 732-235-9523 Our website: http://rwjms.umdnj.edu/chinj/</p>	<p>Arnold B. Rabson, MD Director, Child Health Institute of New Jersey Rutgers Robert Wood Johnson Medical School Email: rabsonab@rwjms.rutgers.edu</p> <p>Kathleen Semler Manager Administrative Services Email: kathleen.semler@rutgers.edu</p>