

**SWOG ONCOLOGY RESEARCH PROFESSIONALS COMMITTEE
SUBCOMMITTEE APPLICATION FORM**

Date Submitted: _____

Date Received: _____

Name & Credentials: _____

SWOG Roster ID: _____

Current Position: _____

Specialty: _____

Member Site: _____

Business Address: _____

Telephone: _____

Fax: _____

E-Mail Address: _____

Site Principal Investigator: _____

Group Status: LAPS/Main Member NCORP Affiliate Other: _____

Subcommittee(s) or Areas of Interest:

ORP Liaison Committee
Disease Committee _____
Other Committee _____

Education
 Membership
 Site Operations

Nursing Research
 Member at Large

Requirements for ORP Subcommittee Membership:

- Be a Member of SWOG for at least 1 year
- Attendance of at least 1 out of 4 meetings
- Submission of application form and CV (resume or biosketch)
- Signature of applicant

I affirm willingness to serve in an active role on the ORP Subcommittee(s) I am invited to join.

ORP Subcommittee Applicant Signature / Date

- Signature of Site PI or Program Administrator

I have reviewed the above application for membership in the Oncology Research Professionals Committee and recommend approval for this applicant. My signature affirms my commitment to support participation in committee activities and to provide opportunities for attendance at SWOG meetings in order to maintain membership status.

Principal Investigator / Program Administrator Signature / Date

**PLEASE SEND COMPLETED FORM AND CV or BIOSKETCH TO THE ORP COMMITTEE MEMBERSHIP TEAM:
ORPExecs@swog.org**