

**UNIVERSITY OF MARYLAND  
CENTER FOR RESEARCH ON AGING  
An Organized Research Center**

I hereby request membership in the University of Maryland Center for Research on Aging. I understand and accept the following obligations that such an appointment confers:

1. Support the basic concept, mission and goals of the Center.
2. Participate in collaborative efforts and communications about research.
3. Provide the Center with information about scientific activity and grant support in order to maintain the Center's database on aging-related activities.
4. Attend Center seminars and program meetings in areas of interest.
5. Participate in seminars and conferences.

Briefly describe your areas of research: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Five key words describing your areas of interest: \_\_\_\_\_  
\_\_\_\_\_

Applicant Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Concurrence: \_\_\_\_\_

Department Chair or Dean signature

Please return completed form to [asullens@som.umaryland.edu](mailto:asullens@som.umaryland.edu)