**IDDRC MEMBERSHIP APPLICATION FORM**

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| Date | 6/2/2020 |  Name |        | Degree(s) |        |

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| **Primary Appointment (department)**  |       |

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| **Position Title**  |        |

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| **Campus Address** |       |

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| --- | --- | --- | --- |
| **Telephone**  |       | **Email Address**  |       |

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| **Research Interests** |       |

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| **Professional/Lab Website Link** |       |

**For each project that you request core access, please fill out the form entitled “IDDRC Core Access Request Form” to be submitted with your membership application using the following instructions.**

**List existing external support (granting agency, principal investigator, UNC co-investigators, direct costs, years) for each project proposed for core access**

**Submit an abstract description of each project proposed for core access**

**Listing cores to be accessed for each project**

**Clinical Translational Core**

* **Brain & Behavior Measurement Laboratory**
* **Participant Registries**
* **Behavior Navigator**

**Preclincal Core**

* **Mouse Behavioral Phenotyping Laboratory**
* **Neuroscience Microscopy Facility**
* **Small Animal Imaging Service**

**Data Science Core**

**Describe relevance of each project proposed for research on intellectual and developmental disabilities**

**Please submit core access forms and a copy of your CV with this application to:**

**Angela Cousin**

**Assistant to the Executive Team**

**CB# 7255**

**Angela.Cousin@cidd.unc.edu**