**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**](mailto:Angela.Cousin@cidd.unc.edu)