**Member Nomination Form**

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| Date: | | Click or tap to enter a date. | | Location/Campus: | Choose an item. | | | | |
| First Name: | | Click or tap here to enter text. | | Last Name: | Click or tap here to enter text. | | | Middle Initial: | Click or tap here to enter text. |
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| Mailing Address: | | Click or tap here to enter text. | | | | | | | |
| Office Phone: | | Click or tap here to enter text. | | | Cell Phone: | Click or tap here to enter text. | | | |
| Home Phone: | | Click or tap here to enter text. | | | Preferred Email: | Click or tap here to enter text. | | | |
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| **The IBC adheres to the most current version of the NIH Guidelines regarding research involving recombinant or synthetic nucleic acids conducted at Texas A&M University, including work with transgenic animals and plants, and organisms infectious to humans, animals or plants. In order to meet the requirements set forth in the NIH Guidelines, Texas A&M recruits members representing the local community and research community to serve on the IBC.**  **Which position are you interested in? (A Community Member is considered a non-affiliated member.)** | | | | | | | | | |
| Affiliated Member (*e.g. Faculty, Staff, Lab Personnel*) | | | | | Non-Affiliated Member (*e.g. Community Leader, Nurse, Teacher, City Health Official*) | | | | |
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|  | **List any employment or other relationship between yourself and the organization or its affiliates:** | | | | | | | | |
|  | No affiliation  Full-time employee | | Paid or unpaid consultant  Medical staff | | | | Affiliation is with:  This organization | | |
|  | Part-time employee  Full or part-time faculty | | Student  Intern, resident, or fellow | | | | Affiliated Organization (Specify)  Click or tap here to enter text. | | |
|  | Member of governing panel or board | | Other: (Specify) | | | |  | | |
|  | Stockholder | |  | | | |
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| **List any employment or other relationship between your spouse, dependent children, domestic or civil union partner, parents, siblings, aunts, uncles, nephews, nieces, grandparents, and grandchildren (whether related by blood, marriage or adoption) or other immediate family members, as defined in the Faculty Handbook and Staff Handbook, and the organization. *Only if applicable*.** | | | | | | | |
| Full-time employee  Part-time employee  Member of governing panel or board  Stockholder | | | Paid or unpaid consultant  Medical Staff  Full or part-time faculty  Student | | | | Intern, resident, or fellow  Retiree  Other:  (Specify: Click or tap here to enter text.) |
| Not applicable | | |  | | | | |
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| **The NIH requires that the IBC include members with expertise in different fields of research. Does your expertise fall under any of the following categories:** | | | | | | | |
| Plant, plant pathogen, and/or plant pathogen containment principles | | | | Animal containment principles | | | |
| Laboratory Technical Staff (*e.g. Lab Manager, Post-Doctoral Fellow)* | | | | Recombinant or Synthetic Nucleic Acid molecule technology, biological safety, and/or physical containment | | | |
| Other: *Brief description of expertise (if applicable)* | | Click or tap here to enter text. | | | | | |
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| **Please provide a short statement for your interest in seeking membership in the IBC in the text below:** | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **List all earned degrees:** Click or tap here to enter text. | | | | | | | |
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| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Date:** |  | |