



The Association of African Biomedical Scientists, Inc.

c/o Rutgers School of Dental Medicine, MSB C-636  
185 South Orange Ave, Newark, NJ 07103



## Faculty / Scientist Application Form

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The applicant must fill this form and submit it on line or have it mailed to the AABS office. If you submit this form on line, an e-mail message will be sent to you to confirm the information submitted.

Please complete every field to facilitate processing your application.

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### Applicant

First, MI, Last Name: \_\_\_\_\_

Please State Type  
of Degree (s) and  
Date (s) Received: \_\_\_\_\_

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Current Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Research Interest: \_\_\_\_\_  
\_\_\_\_\_