



The Association of African Biomedical Scientists, Inc.

c/o University of Medicine and Dentistry of New Jersey
185 South Orange, MSB C-636, Newark, NJ 07103



Faculty / Scientist Application Form

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.

Applicant

First, MI, Last Name: _____

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

Current Title: _____

Department/Division: _____

Mailing Address: _____

Mailing Address: _____

City, State, Country: _____

Postal Code: _____

Phone: _____

Fax: _____

E-mail: _____

Specialties: _____
