

APPLICATION FOR LAB GROUP MEMBERSHIP

- Instructions:**
1. Complete Parts A & B, then sign Part C of this form. The PI's signature officially grants us permission to charge your budget(s) as stipulated and that you and your lab group agrees to abide by "Rules for Microscope Facility Members and Users" (available at <http://www.hopkinsmedicine.org/micfac/JoinUs/rules.html>).
 2. After photocopying for your records, submit the original to: **Loza Lee, Physiology G04.**
 3. For EACH member of your lab group who wishes to use Microscope Facility equipment,
 - a) Submit completed "USER ENROLLMENT FORM" & "SOM CARD ACCESS FORM", both available at <http://www.hopkinsmedicine.org/micfac/Services/forms.html>.
 - b) Schedule with us their training & certification for EACH piece of equipment (email: microscopy@jhmi.edu). Although group training is allowed, we must certify EACH person INDIVIDUALLY before allowing them to operate equipment. *Only certified* users can operate equipment. All others are expressly *prohibited* from operating equipment.

Part A: Principal Investigator/Lab Head Information (please print)		
PI Last Name	PI First Name	PI JHED ID
PI Department	PI Email	PI Telephone
PI Campus	Building	Room
Part B: Billing/Budget Information (please print)		
Billing Administrator Last Name	Billing Administrator First Name	Billing Administrator JHED ID
Billing Administrator Department	Billing Administrator Email	Billing Administrator Telephone
Billing Address (if different from PI Campus Address)		
Budget Purpose	Cost Center/Internal Order Number (8-10 digits)	CC/IO Expiration Date
Membership Fees		
User Activity (if different budget)		
Part C: Membership Commitment (Principal Investigator/Lab Head must sign)		
<p>I have read the "Rules for Microscope Facility Members and Users" and affirm that both I and the members of my group will abide by them. I understand that my Group Membership with the JHU SOM Microscope Facility is a 12-month commitment of regular monthly fees. During this period, I understand that ending my contract early will result in a penalty of two-months worth of membership fees. As a courtesy, I understand that my 12-month membership will be renewed automatically upon completion of its term unless I give the Microscope Facility other instructions in advance and in writing.</p>		
x _____ Principal Investigator/Lab Head Signature		x _____ Today's Date
MicFac Use Only	Entered: ____/____/____	
Rec'd: ____/____/____	Effective: ____/____/____ to ____/____/____	