

## mQACC Membership Application Form

### I. Applicant Information

Date of application (Month/day/year):	
Name (First, Middle Name/or Initial, Last):	
Degree(s):	
Institution and mailing address:	
Phone number (include country code):	
Email address:	

### II. Sponsor Information

Name:	
Email address:	
Institution:	

### III. Relevant experience/expertise:

- A. Do you presently conduct research in metabolomics or metabolomics-related field? If yes, please describe briefly:
- B. Briefly describe your expertise/interest in quality assurance and quality control for untargeted metabolomics studies:

### IV. Working Groups

If you wish to join a Working Group within mQACC, please indicate the Working Group you wish to join as indicated on the mQACC webpage (<https://epi.grants.cancer.gov/Consortia/mQACC/>):

### V. Intention to abide by stated mQACC policies and guidelines:

By signing this form, I affirm that I have read, understand, and am committed to the stated mission and objectives of mQACC

Signature

Date