

# Membership Application Form

Please complete in block capitals and return to  
The Institute of Clinical Research, Cedar Court,  
Grove Park, White Waltham, Berkshire SL6 3LW U.K.  
Main: +44 1628 501700 Fax: +44 1628 501709



## SECTION 1 – Personal Details

Title (Dr/Mr/Mrs/Miss/Ms) \_\_\_\_\_ Initials \_\_\_\_\_

First Names \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_

Job Title \_\_\_\_\_

Sex: Male  Female  Years in Clinical Research \_\_\_\_\_

Have you previously been a member of ICR?

No  Yes  (Mem. no: \_\_\_\_\_)

### Your home address

\_\_\_\_\_  
\_\_\_\_\_

### Your work details

Full Company Name \_\_\_\_\_

Full Address \_\_\_\_\_  
\_\_\_\_\_

Direct Tel \_\_\_\_\_

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

Mobile \_\_\_\_\_

Preferred correspondence address: Home  Work

### Qualifications (Please tick as many as relevant)

Q01 – Level 3 (A Level, HND, NVQ3, etc.)

Q02 – ICR: Cert. Prof. Dev.

Q03 – ICR: PgCert. Clin. Res.

Q04 – ICR: PgCert. Clin. Trial. Admin.

Q05 – ICR: PgDip. Clin. Res.

Q06 – ICR: MSc. Clin. Res.

Q07 – Bachelor's Degree in science subject

Q08 – Bachelor's Degree in non-science subject

Q09 – Master's Degree (e.g. MSc, MMedSci, etc.)

Q10 – PhD or equiv. (DPhil, DPharm, DMed)

Q11 – Nursing qualification

Q12 – Other \_\_\_\_\_

Q13 – ICR: Membership Exam – Part 1

Q14 – ICR: Membership Exam – Part 2

Q15 – ICR: Global GCP Certification Exam

## SECTION 2 – Affiliation

Please tick only one option.

AF01 – Pharma company

AF02 – CRO

AF03 – SMO

AF04 – Biotech company

AF05 – Ethics Committee

AF06 – Medical Device company

AF07 – Service company  
(e.g. printer, laboratory,  
trial supplies, etc)

AF08 – Freelance

AF09 – Academic Institution/  
Health Service

AF10 – Student

AF11 – Retired

## SECTION 4 – Data Protection Act 1998

Please tick to indicate you have read and understand the following statement

I understand that by signing this application form my personal details will be used for updating and managing my membership record, defining areas of special interest to me, delivering products and services and advising me of other products and services.

## SECTION 3 – Class of Membership

Please select the appropriate subscription rate (deduct 25% discount if you are employed by an academic institution, a national health service or are a student). Please refer to the Membership Guidance Notes.

Affiliate Member £60.00 (Discounted: £45.00)

Registered Member £88.00 (Discounted: £66.00)

Professional Member £116.00 (Discounted: £87.00)

## SECTION 5 – Where did you hear about ICR?

From an ICR member of staff or representative

From a current member or colleague

On the Internet

Via a training course or ICR event

Via CRfocus

Other \_\_\_\_\_

## SECTION 6 – Payment Methods

**IMPORTANT:** Please consider paying by credit/debit card as these are the most cost effective ways for the Institute to process your payment.

**Credit/debit card (Mastercard, Visa, Delta, Switch. Please note American Express payments are subject to an administration charge):**

I authorise you to debit my account with £ \_\_\_\_\_

Card No:

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Valid From

MMYY

Valid To

MMYY

Issue No

\_\_\_\_\_|\_\_\_\_\_|

Switch/Maestro only

**BACS:** Contact The Institute of Clinical Research for bank details - membership@icr-global.org OR accounts@icr-global.org - and quote your membership number as a payment reference.

**Cheque:** I enclose a cheque for £ \_\_\_\_\_ made payable to The Institute of Clinical Research

**Invoice:** I request an invoice for the amount of £ \_\_\_\_\_ to be sent to my company (details provided). NB: Invoices cannot be raised if purchase order number/reference not provided.

Purchase Order No: \_\_\_\_\_

## SECTION 7 – Declaration

By signing this application for membership of The Institute of Clinical Research I undertake to pay £1 to the Institute's assets if it should be wound up whilst I am a member or within one year after I cease to be a member, for payment of the company's debts and liabilities and of the costs, charges and expenses of winding up and will abide by ICR's Professional Code of Conduct. I also confirm my commitment to CPD and will provide evidence of achieving 60 points per annum on request if accepted as a Professional member or Fellow. All the above details are true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_