



MEMBERSHIP RENEWAL PAYMENT NOTIFICATION

Name:

Membership No:

Membership Class:

Membership Fee:

Query Contact Telephone Number:

I wish to renew my membership with the Institute of Clinical Research for the next twelve months, my preferred method of payment is indicated below:

- Credit Card** (payment via credit cards are subject to a 3% transaction fee.)
- Debit card**
- American Express** (Please note American Express card payment is subject to an administration charge of between £4 & £10)
- Eurocard**

I authorise you to debit my account with the amount above.

My card number is:

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CSC: _____

Expiry date: _____

- Cheque:** I enclose a cheque for the amount above made payable to The Institute of Clinical Research (please write your membership number on the reverse of your cheque).
- BACs:** Contact the membership dept for bank details on membership@icr-global.org
- Invoice:** Please see reverse of form for payment by invoice.

Signed: _____

Date: _____



MEMBERSHIP RENEWAL, PAYMENT BY INVOICE

Delegate Name: _____

Membership No: _____

Membership Class: _____

Membership Fee:

Query Contact Telephone Number: _____

Accounts Payable Contact Details

Invoice: I request an invoice for the amount above to be sent to my company, details provided below. *(NB: Invoices cannot be raised if purchase order number/reference not quoted).*

Company Name: _____

Accounts Invoice address: _____

Accounts Contact Name: _____

Accounts Contact Number: _____

Accounts Contact E-Mail: _____

Purchase Order Number:

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Signed: _____

Date: _____