



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**
- 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: _____

Valid from: _____

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 office@icr-global.org
- 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: _____

Invoice address: _____

Purchase Order No: _____

Signed: _____ **Date:** _____