## Section 1 - Personal Details

<table>
<thead>
<tr>
<th>Title (Dr/Mx/Mr/Mrs/Miss/Ms/)</th>
<th>Initials</th>
<th>Date of Birth (dd/mm/yy)</th>
<th>Gender: Male ☐ Female ☐ Unspecified ☐</th>
<th>Years in Clinical Research</th>
<th>Have you previously been a member of the ICR? No ☐ Yes ☐ (Mem. no: __________________)</th>
<th>Your home address: ____________________________________________</th>
<th>Your full company name: _______________________________________</th>
<th>Work address: ________________________________________________</th>
</tr>
</thead>
</table>

## Section 2 - Affiliation

- ☐ AF01 - Pharma company
- ☐ AF02 - CRO
- ☐ AF03 - SMO
- ☐ AF04 - Biotech company
- ☐ AF05 - Ethics Committee
- ☐ AF06 - Medical device company

## Section 3 - Class of Membership

- Please select the appropriate subscription rate (Please tick the discounted rate if you are employed by an academic institution, a national health service or are a student). Please refer to the Membership Guidance Notes.*Additional evidence may be requested
- Affiliate: £60
- Registered: £88
- Professional: £116

## Section 4 - Data Protection Act 1998

- ☐ Please tick to indicate you have read and understood 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 appropriate to my declared interests. The ICR will not sell members details to a third party.

## Section 5 - Where did you hear about ICR?

- ☐ From an ICR member of staff or representative
- ☐ From a current member or colleague
- ☐ Via the Internet
- ☐ Via Social Media
- ☐ Via a training course or ICR event
- ☐ Other ____________________________

## Section 6 – Payment Methods

- ☐ BACS: Contact The Institute of Clinical Research for bank details-office@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: Please complete form on reverse of page.

## Section 7 - Membership Application Form

- 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 of the above details are true and correct.
- Signed: ____________________________ Date: __________________

---

The Institute of Clinical Research is a limited company. Registered in England No: 3936560

Q:\Templates – Membership Application Form
Only complete if payment is by invoice

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:

Signed ______________________________                           Date: _____________________