

# Membership Application

Name (first name, surname) \_\_\_\_\_

Credential(s) CIP® \_\_\_\_\_ CPIA® \_\_\_\_\_ Other Credential(s) \_\_\_\_\_

Title/Position \_\_\_\_\_

Institution/Company \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**ANNUAL DUES** Please choose the membership category that best fits your professional situation. Learn more about each category by visiting our website. Payment can be made by check payable to PRIM&R or via credit card (American Express, MasterCard, or Visa).

- Individual \$199    Two-year membership \$369    Three-year membership \$519    Student \$100    Retired \$100    Low- or middle-income country \$100

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_    Check Enclosed

Cardholder's Name \_\_\_\_\_ Please mail with application to:  
PO Box 849502

Billing Address \_\_\_\_\_ Boston, MA 02284-9502

**INTEREST SECTIONS** Affiliation allows members to connect with others who share their professional interests. Please check all that apply.

<input type="checkbox"/> Animal Care & Use/Animal Well-Being	<input type="checkbox"/> Biosafety	<input type="checkbox"/> Compliance/Regulatory Affairs
<input type="checkbox"/> Global Research	<input type="checkbox"/> Human Subjects Protections - Biomedical	<input type="checkbox"/> Human Subjects Protections – Social/Behavioral/Educational
<input type="checkbox"/> Responsible Conduct of Research	<input type="checkbox"/> Research Ethics	<input type="checkbox"/> Stem Cell Research

## INSTITUTIONAL AFFILIATION

Please select your primary affiliation.

- Advocacy Organization
- Alaskan/Hawaiian Native-Serving Institution
- Cancer Center
- Clinic
- Company (Pharmaceutical/Biotechnology)
- Company (Other)
- Correctional Facility
- Foundation
- Geriatric Research Facility
- Government Agency
- Health System
- Hispanic-Serving Institution
- Historically Black College or University
- Hospital/Medical Center (Academic)
- Hospital/Medical Center (Animal Facility)
- Hospital/Medical Center (Community)
- Hospital/Medical Center (Pediatric)
- Hospital/Medical Center (Other)
- Independent/Commercial IRB
- Mental Health Research Facility
- Nonprofit Organization/NGO
- Public Institution
- Research Center/Institute
- Tribal University/College or Institution
- University/College (Animal Facility)
- University/College (Medical)
- University/College (Non-medical)
- Other: \_\_\_\_\_

## POSITION/TITLE

Please select your primary responsibility.

- Advocacy Organization Representative
- Attorney
- Educator
- ESCRO Chair/Member
- ESCRO Staff (Admin./Coord./Director/Manager)
- Ethicist
- Faculty Member
- Government Employee
- Grants/Contracts Officer
- Hospital Administrator
- HRPP/IRB/REC Director/Manager
- HRPP/IRB/REC Staff (Admin./Coord.)
- IACUC Chair
- IACUC Director/Manager
- IACUC Member
- IACUC Staff (Admin./Coord.)
- IBC Chair/Member
- IBC Staff (Admin./Coord./Director/Manager)
- IRB/REC Chair
- IRB/REC Member
- Industry Representative
- Institutional Official
- Laboratory Manager
- Laboratory Staff
- Media Representative
- Policymaker
- Quality Assurance Staff
- Regulatory Compliance Coordinator/Officer
- Researcher
- Research Administrator
- Research Coordinator/Staff
- Student
- Veterinarian
- Veterinary Staff
- Nonaffiliated/Community/Non-scientific Committee Member
- Other: \_\_\_\_\_

*You're almost done! Just a few more questions on the back...*

# Membership Application

## DATA & PRIVACY

PRIM&R and its partners occasionally engage in **research activities**, such as surveys, to better understand the research ethics field. Please let us know if you are interested in participating by selecting an option below. *Note: All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties.*  Yes  No

*Canadian and EEA/EU Residents Only:* In accordance with Canada's Anti-Spam Law and the General Data Protection Regulation, you must opt in to be added to our mailing list. By checking yes, you are providing express consent to receive messages from PRIM&R, including updates and promotions for PRIM&R products and events. You can withdraw your consent at any time by writing to us at 20 Park Plaza, Suite 720, Boston, MA 02116, or via email at [privacy@primr.org](mailto:privacy@primr.org). **I want to receive email from PRIM&R:**  Yes  No

## NEW MEMBER PREFERENCES (OPTIONAL)

If you are a newcomer to the field who is seeking professional growth and guidance, or an experienced professional willing to share your expertise with new colleagues, we invite you to participate in **PRIM&R's Mentoring Program**. For more information, please check:

## DEMOGRAPHIC INFORMATION (OPTIONAL)

PRIM&R seeks to promote [diversity](#) and ensure equal opportunity for all persons within its staff, membership, leadership, and programs.

PRIM&R aims to advance good scientific and scholarly research by enhancing understanding of and commitment to the centrality of ethics on the part of all stakeholders in the research enterprise. We consider the diversity of perspectives, backgrounds, and experiences found among those many stakeholders to be an asset to our [mission](#) of advancing just and responsible research.

We strive to be aware of how diversity evolves and changes over time, and to encourage and cultivate a climate of awareness, inclusiveness, and respect in everything we do. We value and celebrate any and all differences among our staff and constituents, regardless of factors such as age, country of origin, disability status, ethnicity, gender identity, marital status, race, religion, sex, sexual orientation, socioeconomic status, or veteran status.

We believe collecting information about our constituents is an important step as part of our efforts to promote diversity in our organization. To that end, we would appreciate your response to the following questions, which are based on those asked on the US Census.

### Are you...

- Female
- Male
- Transgender
- Self-identify: \_\_\_\_\_
- Prefer not to say

### What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older
- Prefer not to say

### Are you Hispanic/Latino (including Spain)?

- Yes
  - No
  - Prefer not to say
- If yes, please describe your background: (open-ended)
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- 

### Regardless of your answer to the prior question, please indicate how you identify yourself. Check one or more and describe your background

- American Indian or Alaska Native (including all Original Peoples of the Americas)
- Asian (Including Indian subcontinent and Philippines)
- Black or African American (including Africa and Caribbean)
- Native Hawaiian or other Pacific Islander (Original Peoples)
- White (including Middle Eastern)
- Prefer not to say
- Other (please specify): \_\_\_\_\_