

PRIM&R Membership Application

Contact Information

Name, Credential(s):		
Title:	Institution:	
Address:		
City/State/Zip:		
Phone:	Fax:	Email:

Data & Privacy

PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field. All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties.

I want to participate in these research activities: 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.

I want to receive email from PRIM&R: Yes No

PRIM&R's Mentoring Program (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:

Primary Responsibility

<input type="checkbox"/> Advocacy Org. Rep	<input type="checkbox"/> Hospital Administrator	<input type="checkbox"/> Industry Representative	<input type="checkbox"/> Quality Assurance Staff
<input type="checkbox"/> Attorney	<input type="checkbox"/> HRPP/IRB/REC Director/Manager	<input type="checkbox"/> Institutional Official	<input type="checkbox"/> Regulatory Compliance Coordinator/Officer
<input type="checkbox"/> Educator	<input type="checkbox"/> HRPP/IRB/REC Staff (Admin/Coord)	<input type="checkbox"/> IRB/REC Chair	<input type="checkbox"/> Research Administrator
<input type="checkbox"/> ESCRO Chair/Member	<input type="checkbox"/> IACUC Chair	<input type="checkbox"/> IRB/REC Member	<input type="checkbox"/> Research Coordinator/Staff
<input type="checkbox"/> ESCRO Staff (Admin/Coord/Dir/Mgr)	<input type="checkbox"/> IACUC Director/Manager	<input type="checkbox"/> Laboratory Manager	<input type="checkbox"/> Researcher
<input type="checkbox"/> Ethicist	<input type="checkbox"/> IACUC Member	<input type="checkbox"/> Laboratory Staff	<input type="checkbox"/> Student
<input type="checkbox"/> Faculty Member	<input type="checkbox"/> IACUC Staff (Admin/Coord)	<input type="checkbox"/> Media Representative	<input type="checkbox"/> Veterinarian
<input type="checkbox"/> Government Employee	<input type="checkbox"/> IBC Chair/Member	<input type="checkbox"/> Nonaffiliated/Community/Non-Scientific Committee Member	<input type="checkbox"/> Veterinarian Staff
<input type="checkbox"/> Grants/Contracts Officer	<input type="checkbox"/> IBC Staff (Admin/Coord/Dir/Mgr)	<input type="checkbox"/> Policymaker	<input type="checkbox"/> Other:

Interest Areas

PRIM&R uses these to segment our email lists so we can send you the email notifications that are most relevant to you.

<input type="checkbox"/> Animal Care & Use/Animal Wellbeing	<input type="checkbox"/> Global Research	<input type="checkbox"/> Legal	<input type="checkbox"/> Research Ethics
<input type="checkbox"/> Biosafety	<input type="checkbox"/> Human Subjects Protections — Biomedical	<input type="checkbox"/> Public Policy	<input type="checkbox"/> Stem Cell Research
<input type="checkbox"/> Compliance/Regulatory Affairs	<input type="checkbox"/> Human Subjects Protections — Social/ Educational/Behavioral	<input type="checkbox"/> Responsible Conduct of Research	<input type="checkbox"/> Other:

Annual Dues

Please choose the membership category that best fits your professional situation. Learn more about each category by visiting [our website](#).

<input type="checkbox"/> One-year membership	\$199
<input type="checkbox"/> Two-year membership	\$369
<input type="checkbox"/> Three-year membership	\$519
<input type="checkbox"/> Student	\$100
<input type="checkbox"/> Retired	\$100
<input type="checkbox"/> Low- or middle-income country	\$100

Payment Method & Submission

Purchase Order	PO #: _____ Please include a copy of the purchase order with registration. Your application will not be processed until the purchase order is received.
Check	Check #: _____ If you are paying by check, please note that payment is expected before your application can be processed. Please make checks payable to PRIM&R. Your application will not be processed until the check is received.
Credit Card	AMEX/MC/VISA CC #: _____ Expiration: _____ CVV: _____ Name on Card: _____ <i>Credit card payments are also accepted through online registration at www.primr.org.</i>

If paying by check, send your completed application and payment to PRIM&R:

P.O. Box 849502, Boston, MA 02284-9502

Fax: 617.423.1185

Email: membership@primr.org

Note: Our office at 20 Park Plaza is currently closed due to COVID-19; payments must be sent to our P.O. Box listed above and we cannot accept payments requiring a signature. Please contact membership@primr.org if you have questions.

Agreement to PRIM&R's Policies

By signing and submitting this registration form, I acknowledge that I have read and understand [PRIM&R's Policies](#), and I hereby agree to all terms and conditions as stated.

Signature

Date

Please return this completed form to membership@primr.org.

Demographic Information (OPTIONAL)

Diversity is one of PRIM&R's [nine core values](#). We value and promote the diversity of people, ideas, and opinions, as well as a climate of awareness, inclusiveness, and respect. Collecting demographic information about our constituents is an important step toward promoting diversity, equity, and inclusion (DEI) in PRIM&R. To that end, we would appreciate your response to the following questions, which are currently based on those asked on the US Census.

For more information on PRIM&R's DEI efforts, please visit [our website](#).

Are you...	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Self-identify: _____ <input type="checkbox"/> Prefer not to respond
What is your age?	<input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 or older <input type="checkbox"/> Prefer not to respond
Are you Hispanic/Latino (including Spain)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond
If yes, please describe your background (open-ended):	
Regardless of your answer to the prior question, please indicate how you identify yourself.	Check one or more and describe your background: <input type="checkbox"/> American Indian or Alaska Native (including all Original Peoples of the Americas) <input type="checkbox"/> Asian (Including Indian subcontinent and Philippines) <input type="checkbox"/> Black or African American (including Africa and Caribbean) <input type="checkbox"/> Native Hawaiian or other Pacific Islander (Original Peoples) <input type="checkbox"/> White (including Middle Eastern) <input type="checkbox"/> Prefer not to respond <input type="checkbox"/> Other (please specify): _____