# PRIM&R Membership Application

## Contact Information

<table>
<thead>
<tr>
<th>Name, Credential(s):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Institution:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
<tr>
<td></td>
<td>Email:</td>
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</tbody>
</table>

## 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 1421, Boston, MA 02116, or via email at privacy@primr.org.

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

## Responsibility Areas

*Select all that apply.*

<table>
<thead>
<tr>
<th>Attending Veterinarian</th>
<th>☐ IACUC Chair</th>
<th>☐ IRB/REC Member</th>
<th>☐ Regulatory Compliance Coordinator/Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Conflict of Interest Personnel</td>
<td>☐ IACUC Director/Manager</td>
<td>☐ Laboratory Personnel</td>
<td>☐ Research Administrator</td>
</tr>
<tr>
<td>☐ Educator</td>
<td>☐ IACUC Member</td>
<td>☐ Media Representative</td>
<td>☐ Research Counsel/Attorney</td>
</tr>
<tr>
<td>☐ Ethicist</td>
<td>☐ IBC Administrative Personnel</td>
<td>☐ Nonaffiliated/Community/Non-Scientific Committee Member</td>
<td>☐ Research Personnel</td>
</tr>
<tr>
<td>☐ Grants/Contracts Personnel</td>
<td>☐ IBC Chair/Member</td>
<td>☐ Patient Advocate</td>
<td>☐ Researcher</td>
</tr>
<tr>
<td>☐ HRPP/IRB/REC Administrative Personnel</td>
<td>☐ IBC Director/Manager</td>
<td>☐ Public Relations/Communications Personnel</td>
<td>☐ Student</td>
</tr>
<tr>
<td>☐ HRPP/IRB/REC Director/Manager</td>
<td>☐ Institutional Leadership/Executive/Institutional Official</td>
<td>☐ Quality Assurance Personnel</td>
<td>☐ Veterinary Personnel</td>
</tr>
<tr>
<td>☐ IACUC Administrative Personnel</td>
<td>☐ IRB/REC Chair</td>
<td>☐ Regulator/Policymaker</td>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

## 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.*

| ☐ Animal Care & Use/Animal Welfare | ☐ Human Subjects Protections — Biomedical | ☐ Human Subjects Protections — Social/ Educational/Behavioral |
## Annual Dues

Please choose the membership category that best fits your professional situation. Learn more by visiting [our website](https://www.primr.org).

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-year individual membership</td>
<td>$215</td>
</tr>
<tr>
<td>One-year low- or middle-income country, □ Retired, or □ Student</td>
<td>$105</td>
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## 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

To keep your information secure, credit card payments are accepted through online registration at [www.primr.org](https://www.primr.org). Please contact membership@primr.org with any questions.

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: Checks 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](https://www.primr.org), and I hereby agree to all terms and conditions as stated.

_____________________________  ____________________
Signature                      Date

## 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, inclusion, and justice (DEIJ) in PRIM&R. To that end, we would appreciate your response to the following questions. For more information on PRIM&R's DEIJ efforts, please visit [our website](https://www.primr.org) or [contact us](mailto:membership@primr.org) with questions or feedback. Please select all that apply.

**Are you…**

- □ Man
- □ Non-binary
- □ Woman

**What is your date of birth? (DD/MM/YEAR)**

___/___/__________

- □ Prefer not to respond
- □ Prefer to self-describe: ________________

**Are you Hispanic/Latinx?**

- □ Yes
- □ No

**Regardless of your answer to the prior question, please indicate how you identify yourself.**

- □ American Indian or Alaska Native
- □ Asian
- □ Black or African American
- □ Native Hawaiian or other Pacific Islander

- □ White
- □ Prefer not to respond
- □ Prefer to self-describe: ________________