



■ FOR LEARNING ■ FOR LISTENING ■ FOR LIFE

PETITION FOR CHAPTER AFFILIATION

(name of petitioning organization)

To: ACRP Membership Department

This petition for chapter affiliation with the Association of Clinical Research Professionals (ACRP) is hereby submitted to the ACRP Membership Department for consideration by the undersigned officers.

We, as officers are representatives from the clinical research profession, feel that ACRP affiliation will benefit both this organization and the Association. We agree to conform to all rules and bylaws of the Association and will do all we can to increase and maintain standards of excellence in the clinical research profession and ACRP.

This organization, officially known as the _____,
regularly meets in the city of _____, state of _____.

Total membership numbers are _____; all of whom are current ACRP members in good standing. Our organization draws its members from the following geographic area (defined by cities and/or county area): _____

The names and addresses of the following officers are listed below:

Chapter Chair

Phone _____

Company Name _____

Email _____

Chair-Elect

Phone _____

Company Name _____

Email _____

Secretary

Phone _____

Company Name _____

Email _____



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Treasurer

Company Name

Phone

Email

Petition Submission Date

Month

Date

Year

Signature of Chapter Chair

Signature of Chair-Elect

Signature of Secretary

Signature of Treasurer

Please list additional officers below.

Name & Position

Company Name

Phone

Email

Name & Position

Company Name

Phone

Email

Petition approved by _____ on _____, _____.
ACRP Executive Director *Month/Day* *Year*
or his/her designee