

ACRP MEMBERSHIP APPLICATION

JOIN
TODAY

MEMBER INFORMATION:

Prefix Mr. Mrs. Ms. Prof. Dr.

NAME (First Name, Middle Name, Last Name, Suffix, Designations)

COMPANY

TITLE

EMAIL ADDRESS

MAILING ADDRESS 1

MAILING ADDRESS 2

MAILING ADDRESS 3

CITY

STATE

COUNTRY

ZIP CODE

CONTACT PHONE NUMBER

FAX NUMBER

Are you interested in joining your Local Chapter for an additional fee? Yes No

I DO NOT wish to be listed in or have access to the Online Community

If you were referred by a current ACRP Member, please provide his/her name: _____

By signing this line, I agree to adhere to the Code of Ethics found [here](#): _____

PAYMENT INFORMATION:

Association of Clinical Research Professionals (ACRP) membership is limited to professionals engaged in clinical research. Full-time Students (minimum of 6 credit hours per semester) are eligible to apply at the ACRP Student Rate.

Professional membership rates (\$USD) are determined by your geographic location.

- \$150 (ACRP Industrialized)
 \$60 (ACRP Emerging Market)
 \$60 (ACRP Student)

If paying by credit card, please complete the following and submit to ACRP via email membership@acrpnet.org or fax 703-254-8101. If paying by check, please submit the application with check to: **ACRP Processing Center, Box 512456, Philadelphia, PA 19175**

Credit Card Type: AMEX VISA M/C Check (enclosed)

CARDHOLDER NAME

CREDIT CARD NUMBER

CVV

EXPIRATION DATE (MM/YY)

CARDHOLDER SIGNATURE

Note to US ACRP Members: \$33 of your dues payment to ACRP (Federal Tax ID # 23-2166231) is not deductible as a charitable contribution as it represents a one-year subscription to Clinical Researcher. A portion of your dues payment may be deductible as an ordinary and necessary business expense; please consult your tax advisor.



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Print Membership Application Instructions

1. Complete the Membership Application Form
2. Follow the payment and mailing instructions below

For Check and Credit Card Payment

Mail application and payment to:

ACRP Processing Center
Box 512456
500 Ross Street 154-0455
Pittsburgh, PA 15262-001

For Wire Transfer

Mail application and payment info to:

HSBC
120 Broadway
New York, NY 10005
Swift Number: MRMDUS33RTL
IBAN/Routing Number: 021001088
Account number: 389063860