

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? 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. Students and Post Docs 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.



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