



PUBLIC RESPONSIBILITY IN
MEDICINE AND RESEARCH

Membership Renewal Form

Please fill in your contact information on the form provided below. **Please submit a separate application for each member**; payment may be consolidated.

Name: _____
 Title/Position: _____
 Institution/Company: _____
 Address: _____

 Phone: _____
 Fax: _____
 Email: _____

Credential(s): CIP® CPIA® Other Credential(s) _____

PRIM&R seeks to promote [diversity](#) and ensure equal opportunity for all persons within its staff, membership, leadership, and programs.

PRIM&R aims to advance good scientific and scholarly research by enhancing understanding of and commitment to the centrality of ethics on the part of all stakeholders in the research enterprise. We consider the diversity of perspectives, backgrounds, and experiences found among those many stakeholders to be an asset to our [mission](#) of advancing just and responsible research.

We strive to be aware of how diversity evolves and changes over time, and to encourage and cultivate a climate of awareness, inclusiveness, and respect in everything we do. We value and celebrate any and all differences among our staff and constituents, regardless of factors such as age, country of origin, disability status, ethnicity, gender identity, marital status, race, religion, sex, sexual orientation, socioeconomic status, or veteran status.

We believe collecting information about our constituents is an important step as part of our efforts to promote diversity in our organization. To that end, we would appreciate your response to the following questions, which are based on those asked on the US Census.

Are you...

- Female
- Male
- Transgender
- Self-identify: _____
- Prefer not to say

Are you Hispanic/Latino (including Spain)?

- Yes
 - No
 - Prefer not to say
- If yes, please describe your background: (open-ended)

What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older
- Prefer not to say

Regardless of your answer to the prior question, please indicate how you identify yourself. Check one or more and describe your background

- American Indian or Alaska Native (including all Original Peoples of the Americas)
- Asian (Including Indian subcontinent and Philippines)
- Black or African American (including Africa and Caribbean)
- Native Hawaiian or other Pacific Islander (Original Peoples)
- White (including Middle Eastern)
- Prefer not to say
- Other (please specify): _____

Mentoring Program: 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.

Yes, please send me information about being a: **Mentor** **Mentee**

Research Activities: PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field. Please let us know if you are interested in participating by selecting an option below. Note: All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties.

Please select your preference: **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**

Interests: Please check all that apply.

- Animal Care & Use/Animal Well-Being
- Biosafety
- Compliance/Regulatory Affairs
- Human Subjects Protections – Social/Behavioral/Educational
- Global Research
- Human Subjects Protections – Biomedical
- Responsible Conduct of Research
- Research Ethics
- Stem Cell Research

Payment Information

Please choose the membership category that best fits your needs. For a description of each category, please visit www.primr.org/membership/categories.

- Individual \$199
- Student \$100
- Two-year bundle \$369
- Retired \$100
- Three-year bundle \$519
- Low- or middle-income country \$100

I am enclosing a check Check #: _____

Please send to PO Box 849502, Boston, MA 02284-9502

I will be using American Express, MasterCard, or Visa #: _____

Date of Expiration: _____ Card Holder's Name: _____

Please email to membership@primr.org or fax to 617.423.1185

Please note that we cannot accept purchase orders for membership dues payments. If you need an invoice, please contact the membership team at membership@primr.org.

Please include a copy of this form with your payment.