

PRIM&R Membership Application

Contact Information

Name, Credential(s):		
Title:	Institution:	
Address:		
City/State/Zip:		
Phone:	Fax:	Email:

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.

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

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.

<input type="checkbox"/> Animal Care & Use/Animal Welfare	<input type="checkbox"/> Human Subjects Protections — Biomedical	<input type="checkbox"/> Human Subjects Protections — Social/ Educational/Behavioral
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PRIM&R's Mentoring Program (OPTIONAL)

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](#).

For more information, please check: ☐

Annual Dues

Please choose the membership category that best fits your professional situation. Learn more by visiting [our website](#).

<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three-year membership	\$199 / \$369 / \$519
<input type="checkbox"/> Low- or middle-income country, <input type="checkbox"/> Retired, or <input type="checkbox"/> Student	\$100

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	AMEX/MC/VISA CC #: _____ Expiration: _____ CVV: _____ Name on Card: _____ <i>Credit card payments are also accepted through online registration at www.primr.org.</i>

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](#), 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](#) or [contact us](#) with questions or feedback. **Please select all that apply.**

Are you...	<input type="checkbox"/> Man <input type="checkbox"/> Non-binary <input type="checkbox"/> Woman	<input type="checkbox"/> Prefer not to respond <input type="checkbox"/> Prefer to self-describe: _____
What is your date of birth? (DD/MM/YEAR)	____/____/____	<input type="checkbox"/> Prefer not to respond
Are you Hispanic/Latinx?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Please describe your background: _____ <input type="checkbox"/> Prefer not to respond
Regardless of your answer to the prior question, please indicate how you identify yourself.	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Prefer not to respond <input type="checkbox"/> Prefer to self-describe: _____