



MEMBERSHIP APPLICATION FORM

Company Version 24 November 2020

NEW APPLICATION

RENEWAL

MEMBERSHIP INFO/LIST UPDATE

COMPANY PROFILE

Company Name

Complete Company Address (Unit # / Floor / Bldg. / Number / Street / Town / City / Zip Code / Country)

INDUSTRY BASELINE DATA

The following requested information will allow PCRP, Inc. to provide a description about our industry during stakeholder presentations

FDA LTO No. (as applicable)

Date Expiring:

Nature of Business (Tick all applicable and please indicate average no. of FTEs of the immediate previous year)

| | | | |
|---|----------|--|----------|
| <input type="checkbox"/> Clinical Operations | Ave FTE: | <input type="checkbox"/> Patient Safety: | Ave FTE: |
| <input type="checkbox"/> Start-up | Ave FTE: | <input type="checkbox"/> Data Management: | Ave FTE: |
| <input type="checkbox"/> Ethics Committee / IRB | Ave FTE: | <input type="checkbox"/> Regulatory Authority: | Ave FTE: |
| <input type="checkbox"/> Logistics | Ave FTE: | <input type="checkbox"/> Third-Party Vendors: | Ave FTE: |
| <input type="checkbox"/> Pharmaceutical Company | Ave FTE: | <input type="checkbox"/> Contract Research Organization | Ave FTE: |
| | | <input checked="" type="checkbox"/> Other (pls specify): _____ | Ave FTE: |
| <input checked="" type="checkbox"/> Clinical Trial Site / Hospital / Institution | Ave FTE: | <input type="checkbox"/> Other (pls specify): _____ | |
| <input type="checkbox"/> Logistics Vendor | Ave FTE: | | |
| <input checked="" type="checkbox"/> Third-Party Vendors | Ave FTE: | | |
| <input checked="" type="checkbox"/> Site Coordinator or Staff / Clinical Trial Site | Ave FTE: | | |

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Add more rows as needed depending on tier (as above).

| | |
|--|--|
| Do you agree to bind yourself and nominated members under the PCRPP Constitution and to all its rules and regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you consent for PCRPP to hold the information you provide herewith and in the future as reference for PCRPP communications? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| By signing this form, you declare that the above information is true and correct. You also agree to immediately notify PCRPP for any change in any of the information you have already provided. | |

All information collected will be kept strictly confidential in compliance with RA 10173 (Data Privacy Act of 2012).

| | |
|--|----------------|
| Electronic signatures accepted | |
| Prepare by: (Name and Signature) Designation: | Date Prepared: |
| Received by: (Name and Signature) Designation: | |

Please submit copy of the ff. documents to:
philclinresprof@gmail.com