



**MEMBERSHIP APPLICATION FORM**

Individual Version 24 Nov 2020

NEW APPLICATION

RENEWAL

MEMBERSHIP  
INFO UPDATE

**INDIVIDUAL PROFILE**

\*Name (First Name, MI, Last Name)

\*Designation

\*Primary Email

\*Secondary Email

\*Mobile Phone

Other Telephone

\*Degree/s Obtained

Company/Institution Name

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

Nature of Business *(Tick all applicable)*

Clinical Operations

Patient Safety

Investigator

Start-up

Data Management

Clinical Trial Site / Hospital / Inst.

Ethics Committee / IRB

Regulatory Authority

Logistics

Third-Party Vendor

Pharmaceutical Company

Contract Research Organization

Other (pls specify)

Other (pls specify)

Other (pls specify)

Ethics Committee / IRB /

Third-Party Vendors

Other (pls specify)

Regulatory Authority

Site Coordinator or Staff /

Logistics Vendor

Clinical Trial Site

**COMMITTEES**

*(Please check committee/s you want to join)*

Scientific Affairs

Policy Making and Guidelines

Organizational Development

Ways and Means

Ethics

**Membership Fees**

Not Applicable (Membership Information Update)

Individual Membership

P2,000  
annually

Voting Rights  
= YES

Do you need a Statement of Account?

YES  NO

Do you agree to bind yourself and nominated members under the PCRP Constitution and to all its rules and regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consent for PCRP to hold the information you provide herewith and in the future as reference for PCRP 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 PCRP for any change in any of the information you have already provided.		
<b><i>All information collected will be kept strictly confidential in compliance with RA 10173 (Data Privacy Act of 2012).</i></b>		
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: <a href="mailto:philclinresprof@gmail.com">philclinresprof@gmail.com</a>		