



MEMBERSHIP APPLICATION FORM
Company Version 09 March 2021

- 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 type="checkbox"/> Clinical Trial Site / Hospital / Institution	Ave FTE:	<input type="checkbox"/> Other (pls specify): _____	Ave FTE:

Latest Estimated Total R&D Budget/Investment to Philippines (in PHP):

COMMITTEES

(Please check committee/s you want to join)

<input type="checkbox"/> Scientific Affairs	<input type="checkbox"/> Policy Making and Guidelines	<input type="checkbox"/> Ethics
<input type="checkbox"/> Organizational Development	<input type="checkbox"/> Ways and Means	



8							
9							
10							

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	Date Prepared:	
Prepare by: (Name and Signature) Designation:		
Received by: (Name and Signature) Designation:		

Please submit copy of the ff. documents to:
info@pcrp.org.ph and philclinresprof@gmail.com