

SOCRA Membership Application

Membership application for Dr.____ Mr.____ Ms.____ Mrs.____

Name _____
(First, Middle Initial, Last, Suffix, Degrees, Certifications)

Title _____

Company / affiliation _____

Department _____

Preferred Address Office _____ Residence _____

Postal address _____

City _____ St/Province _____

Zip/mail code _____ Country _____

Ph _____ Fx _____ Cell _____

E-mail _____

Please Indicate Areas of Interest

- Anesthesia
- Cardiovascular
- Clinical Trials
- CNS
- Critical Care
- CRO
- Dental
- Dermatology
- Devices
- Emergency Medicine
- Endocrinology
- GI
- Hematology
- ID/AIDS
- Internal Medicine
- IRB / Regulatory
- Mental Health
- Neurology
- Oncology
- Ophthalmology
- Osteoporosis
- Pediatrics
- Pharmaceutical
- Radiation Oncology
- Rheumatology
- Statistics
- Transplant
- Urology
- Vaccines

I DO NOT wish to be listed in/have access to the Online Directory (Check) ____

SOCRA is an educational and charitable non-profit corporation
(Federal Tax ID # 61-1208981)

However, your dues are **not** tax deductible as a charitable contribution
Please refer to this brochure for member benefits

AMEX _____ VISA _____ M/C _____ Discv _____ Expiration date ____/____

Amount \$ 75

Account number _____

Cardholder Printed Name _____ Billing ZIP/Postal Code _____

Cardholder Signature _____

Please make your check payable to "SOCRA" (Specify US Funds) and mail this application with your signed SOCRA Ethics Statement to:

SOCRA – 530 West Butler Avenue - Suite 109, Chalfont, PA 18914 U.S.A.

You can also register online at www.socra.org and see "Membership"

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SOCRA Ethics Statement

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As a Clinical Research Professional, I recognize and affirm my responsibility to abide by the following basic ethical principles inherent in clinical research:

1. I will respect the human dignity of research participants with regard to self-determination and full disclosure of information throughout the research process.
2. I believe that research participants should be free from harm and exploitation in accordance with the risks and benefits of the research project.
3. I believe that research participants should have the right to receive fair and confidential treatment during the selection process and throughout the research project.
4. Additionally, I will be accountable for adhering to the standards for scientific integrity recognized around the world. This mandates honest and truthful behavior on behalf of myself and by others with whom I deal while engaged in clinical research. I recognize my right and responsibility as a clinical research professional to question suspected falsified data, and if necessary, proceed with appropriate reporting procedures as mandated by the appropriate regulatory agencies.

Signature (please sign)

Signature (please print)

Date

Note: The ethical principles above are based upon the Office for Human Research Protection (OHRP) Belmont Report.