



Membership Transfer Form

Please complete this form to request a membership transfer. Please include information about the former member as well as the new member to ensure the accuracy of the transfer. When completed, return this form by email (membership@primr.org), fax (617.423.1185), or mail (see address below). If you have any questions about transferring memberships, please contact PRIM&R at membership@primr.org, or 617.303.1875.

Date of Transfer Request: _____

Person Requesting Transfer:

Name: _____
Institution: _____
Phone: _____
Email: _____

Reason for Transfer:

- ☐ Retirement
- ☐ Left the institution
- ☐ Job change (transfer, promotion, etc.)
- ☐ Other:

Please Transfer Membership FROM:

Name: _____

Please Transfer Membership TO:

Name: _____
Title/Position: _____
Institution: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Credential(s): ☐ CIP® ☐ CPIA® ☐ Other Credential(s) _____

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 720, Boston, MA 02116, or via email at privacy@primr.org.

I want to receive email from PRIM&R: ☐ Yes ☐ No

INTEREST SECTIONS Affiliation allows members to connect with others who share their professional interests. Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Animal Care & Use/Animal Well-Being | <input type="checkbox"/> Human Subjects Protections – Biomedical |
| <input type="checkbox"/> Biosafety | <input type="checkbox"/> Responsible Conduct of Research |
| <input type="checkbox"/> Compliance/Regulatory Affairs | <input type="checkbox"/> Research Ethics |
| <input type="checkbox"/> Global Research | <input type="checkbox"/> Stem Cell Research |
| <input type="checkbox"/> Human Subjects Protections – Social/Behavioral/Educational | |

INSTITUTIONAL AFFILIATION Please select your primary affiliation.

- | | |
|--|--|
| <input type="checkbox"/> Advocacy Organization | <input type="checkbox"/> Hospital/Medical Center (Animal Facility) |
| <input type="checkbox"/> Alaskan/Hawaiian Native-Serving Institution | <input type="checkbox"/> Hospital/Medical Center (Community) |
| <input type="checkbox"/> Cancer Center | <input type="checkbox"/> Hospital/Medical Center (Pediatric) |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Hospital/Medical Center (Other) |
| <input type="checkbox"/> Company (Pharmaceutical/Biotechnology) | <input type="checkbox"/> Independent/Commercial IRB |
| <input type="checkbox"/> Company (Other) | <input type="checkbox"/> Mental Health Research Facility |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Nonprofit Organization/NGO |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Public Institution |
| <input type="checkbox"/> Geriatric Research Facility | <input type="checkbox"/> Research Center/Institute |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Tribal University/College or Institution |
| <input type="checkbox"/> Health System | <input type="checkbox"/> University/College (Animal Facility) |
| <input type="checkbox"/> Hispanic-Serving Institution | <input type="checkbox"/> University/College (Medical) |
| <input type="checkbox"/> Historically Black College or University | <input type="checkbox"/> University/College (Non-medical) |
| <input type="checkbox"/> Hospital/Medical Center (Academic) | <input type="checkbox"/> Other (please specify): _____ |

POSITION/TITLE Please select your primary responsibility.

- | | |
|--|--|
| <input type="checkbox"/> Advocacy Organization Representative | <input type="checkbox"/> IRB/REC Chair |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> IRB/REC Member |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Industry Representative |
| <input type="checkbox"/> ESCRO Chair/Member | <input type="checkbox"/> Institutional Official |
| <input type="checkbox"/> ESCRO Staff (Admin./ Coord./Director/Manager) | <input type="checkbox"/> Laboratory Manager |
| <input type="checkbox"/> Ethicist | <input type="checkbox"/> Laboratory Staff |
| <input type="checkbox"/> Faculty Member | <input type="checkbox"/> Media Representative |
| <input type="checkbox"/> Government Employee | <input type="checkbox"/> Policymaker |
| <input type="checkbox"/> Grants/Contracts Officer | <input type="checkbox"/> Quality Assurance Staff |
| <input type="checkbox"/> Hospital Administrator | <input type="checkbox"/> Regulatory Compliance Coordinator/Officer |
| <input type="checkbox"/> HRPP/IRB/REC Director/Manager | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> HRPP/IRB/REC Staff (Admin./Coord.) | <input type="checkbox"/> Research Administrator |
| <input type="checkbox"/> IACUC Chair | <input type="checkbox"/> Research Coordinator/Staff |
| <input type="checkbox"/> IACUC Director/Manager | <input type="checkbox"/> Student |
| <input type="checkbox"/> IACUC Member | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> IACUC Staff (Admin./ Coord.) | <input type="checkbox"/> Veterinarian Staff |
| <input type="checkbox"/> IBC Chair/Member | <input type="checkbox"/> Nonaffiliated Committee Member |
| <input type="checkbox"/> IBC Staff (Admin./Coord./Director/Manager) | <input type="checkbox"/> Other (please specify): _____ |

New Member Preferences

Mentoring Program: 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.

Yes, please send me information about becoming a: ☐ **Mentor** ☐ **Mentee**

Member Directory: We list all of our members in the online Member Directory.

If you prefer to be excluded from this online directory, please check here: ☐

Research Activities: PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field. Please let us know if you are interested in participating by selecting an option below. Note: All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties.

Please select your preference: ☐ **Yes** ☐ **No**

Demographic Information

PRIM&R seeks to promote [diversity](#) and ensure equal opportunity for all persons within its staff, membership, leadership, and programs.

PRIM&R aims to advance good scientific and scholarly research by enhancing understanding of and commitment to the centrality of ethics on the part of all stakeholders in the research enterprise. We consider the diversity of perspectives, backgrounds, and experiences found among those many stakeholders to be an asset to our [mission](#) of advancing just and responsible research.

We strive to be aware of how diversity evolves and changes over time, and to encourage and cultivate a climate of awareness, inclusiveness, and respect in everything we do. We value and celebrate any and all differences among our staff and constituents, regardless of factors such as age, country of origin, disability status, ethnicity, gender identity, marital status, race, religion, sex, sexual orientation, socioeconomic status, or veteran status.

We believe collecting information about our constituents is an important step as part of our efforts to promote diversity in our organization. To that end, we would appreciate your response to the following questions, which are based on those asked on the US Census.

Are you...

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Self-identify: _____
- ☐ Prefer not to say

Are you Hispanic/Latino (including Spain)?

- ☐ Yes
 - ☐ No
 - ☐ Prefer not to say
- If yes, please describe your background: (open-ended)
-
-

What is your age?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 or older
- ☐ Prefer not to say

Regardless of your answer to the prior question, please indicate how you identify yourself. Check one or more and describe your background

- ☐ American Indian or Alaska Native (including all Original Peoples of the Americas)
- ☐ Asian (Including Indian subcontinent and Philippines)
- ☐ Black or African American (including Africa and Caribbean)
- ☐ Native Hawaiian or other Pacific Islander (Original Peoples)
- ☐ White (including Middle Eastern)
- ☐ Prefer not to say
- ☐ Other (please specify): _____