**CFS/ME UK Research Collaborative (CMRC) Membership Form**



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| --- | --- | --- | --- | --- | --- | --- |
| NAME | |  | | | | |
| EMAIL | |  | | | | |
| UNIVERSITY/  ORGANISATION/ NHS TRUST | |  | | | | |
| ADDRESS | |  | | | | |
| Do you deliver or support CFS/ME research either by: funding research, advising and supporting researchers or as clinicians working with researchers in studies/trials? | | | | | | YES / NO\* |
| If yes, how are you involved in research? |  | | | | | |
| \* If you ticked no, would you like to become an Associate Member (you will be kept updated on CMRC developments and activities) | | | | | | YES / NO |
| I confirm that I have read the [CMRC Charter](http://www.actionforme.org.uk/Resources/Action%20for%20ME/Documents/cmrc-charter.pdf) and agree to work within the Charter as a Member/Associate Member of the CMRC | | | | | | YES / NO |
| I confirm that I am resident/working in the UK | | | | | | YES / NO |
| Please tick relevant membership rate | | | Student  Associate Member  Professional Member | | £15 per year  Free  £20 per year | |
| Signed | | | |  | | |
| Date | | | |  | | |

Please make **cheques payable** to ‘A ME research Collaborative’ and send with your completed application form

**by post** to UK CFS/ME Research Collaborative, c/o Action for M.E., 3rd Floor, Canningford House, 38 Victoria Street, Bristol BS1 6BY or **by email** to research@actionforme.org.uk

For **direct payment to the bank** please mark as ‘Collaborative Membership’ and make the payment to account number 11415127 and sort code 16-13-18.