Rev. 6 SEPT 2018

Consortium of Academic Programs in Clinical Research

CoAPCR Membership Application
Supporting Organization Member

Contact

Primary Individual's Name: _____ Phone: _____ Email: _____

Other contact name
(optional): _____ Phone: _____ Email: _____

Other contact name
(optional): _____ Phone: _____ Email: _____

Other contact name
(optional): _____ Phone: _____ Email: _____

Organization: _____ Phone:_____ Email: _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip: _____

Website URL:_____

Role in Clinical Research Professionals' Education/Training:_____

Your **Supporting Membership fee of $1000** may be paid by check (payable to CoAPCR) or by credit card via PayPal on our website: http://www.coapcr.org/membership/membership-application/.

Please mail your completed application and membership fee to:

Marjorie Neidecker, PhD, RN
The Ohio State University
7623 Kestrel Way W
Dublin, OH 43017
614-302-3904
neidecker.1@osu.edu