

HARP Membership Application

\$25 annual membership dues

Name: _____

Birthdate: _____

Email: _____

Research Focus (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Study Conduct |
| <input type="checkbox"/> Business Operations & Administration | <input type="checkbox"/> Trial Management |
| <input type="checkbox"/> Medical Affairs and Safety | <input type="checkbox"/> Not currently conducting research |
| <input type="checkbox"/> Regulatory Affairs | |

Practice Setting (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Academic Medical Center/University | <input type="checkbox"/> Medical Device Company |
| <input type="checkbox"/> Clinical Study Site (free standing/independent) | <input type="checkbox"/> Pharmaceutical/Biotech Company |
| <input type="checkbox"/> Contract Research Organization (CRO) | <input type="checkbox"/> Phase 1 Unit |
| <input type="checkbox"/> Consulting Practice | <input type="checkbox"/> Private Medical Practice |
| <input type="checkbox"/> Government Agency (NIH, DOD, NHS, etc.) | <input type="checkbox"/> Patient/Staff Recruitment Company |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Regulatory Agency (FDA, EMA, etc.) |
| <input type="checkbox"/> Healthcare Organization/Association | <input type="checkbox"/> Site Management Organization (SMO) |
| <input type="checkbox"/> Institutional Review Board/Ethics Committee | <input type="checkbox"/> Training Organization |

Your Primary Research Title/Role: _____

Your Primary Medical Specialty: _____

Years of Experience:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Less than 2 years | <input type="checkbox"/> 11-15 years |
| <input type="checkbox"/> 2-5 years | <input type="checkbox"/> 16+ years |
| <input type="checkbox"/> 6-10 years | |

How Did You Hear About Us? _____

To What Other Organizations Do You Belong? _____