**APPLICATION for MEMBERSHIP of**

**THE GOOD PRACTICE IN TRADITIONAL CHINESE MEDICINE RESEARCH ASSOCIATION**

I would like to become (please choose below by putting a tick in the box):

[ ]  Individual Member (please choose one of the below):

[ ]  Ordinary Member (Free membership fee)

[ ]  Life Member [Membership fee: **400 GBP** (one single payment)]

[ ]  Student Member\* (Free membership fee, membership expire on 31 Dec 2023)

 \**Proof of student status is not required now, but may be required upon application for any Student-Member-only awards/benefits in the future. Student membership needs to be renewed every year.*

*Or*

[ ]  Corporate Member (companies) (Membership fee: **1,000 GBP** per year)

 Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Or*

[ ]  Institutional Member\*\* (universities, academies) (Membership fee: **1,000 GBP** per year)

 Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\**If an Institutional Member has difficulties in paying the membership fee, the fee can be exempted upon approval by the Board of Directors.*

Please complete this form in **English (BLOCK LETTERS** if filled in by hand!).

For Corporate member or Institutional member, please fill in the details of the delegate of the company/institution.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  | First name: |  | Gender:Male/Female*(please choose)* |
| Title: | Prof./ Dr./ Mr./ Ms./ Miss*(please choose one)* | Affiliation and Job title: |  |
| Full corresponding address: |  |
| Telephone: *(with country code)* |  |
| Fax: *(with country code)* |  |
| Email: |  |

|  |
| --- |
| I am interested to contribute to the following special interest group(s) (please tick): |
| Quality Control [ ]  | Pharmacology and Toxicology [ ]  |  Regulatory Aspects [ ]  |
| Clinical Studies [ ]  | Acupuncture-Moxibustion and Meridians [ ]  |  Publication [ ]  |
| Good Clinical Practice Guidelines [ ]  |  |

☞Please attach a short CV (maximum **2** pages) in English including recent publications and **2** named referees.

Please kindly note that after your membership application has been considered, your CV will be deleted from our database.

By signing below:

* I confirm that I have read and agree to uphold the bylaws of the GP-TCM Research Association (see website: http://www.gp-tcm.org) and apply for membership of THE GOOD PRACTICE IN TRADITIONAL CHINESE MEDICINE RESEARCH ASSOCIATION.
* \*I agree to be opted in GP-TCM RA database and to remain updated with GP-TCM RA activities, news and events through emails.

\* You should note that you have the right to request an opt out at any time even though you elect now to remain opted in GP-TCM RA database and to keep your email address on the GP-TCM RA emailing list.

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Signature Date (DD-MM-YYYY)