**UK CFS/ME 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 overview and agree to work within the values 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 ‘CFS/ME Research Collaborative’ and post with your application form to the address below.

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.

Send your application form by email to anna@actionforme.org.uk OR by post to UK CFS/ME Research Collaborative, C/O Action for M.E., 42 Temple Street, Keynsham BS31 1EH.