**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 | StudentAssociate 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.