**UK CFS/ME Research Collaborative (CMRC)   
Membership Form**

Please **complete the form below** and send it by email to [research@actionforme.org.uk](mailto:research@actionforme.org.uk) OR by post to UK CFS/ME Research   
Collaborative, C/O Action for M.E., 42 Temple Street, Keynsham BS31 1EH.

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,

sort code 16-13-18. Please email [research@actionforme.org.uk](mailto:research@actionforme.org.uk) to confirm

once payment has been made.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | |  | |
| EMAIL | |  | |
| UNIVERSITY/ ORGANISATION/ NHS TRUST | |  | |
| ADDRESS | |  | |
| 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**: actively registered on a research, health or social care or related course with an academic intuition  **Associate**: anyone with an interest in CFS/ME research, including those with the illness, their carers and families  **Professional**: healthcare professional, researcher, charity or other organisation. | £15 per year  Free  £20 per year |
| Signed |  | | |
| Date |  | | |