



FORUM FOR ETHICAL REVIEW COMMITTEES IN ASIA AND THE WESTERN PACIFIC

WHO-TDR Clinical Coordination and Training Center (CCTC), 1st Floor, Academic Affairs Building
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FERCAP MEMBERSHIP FORM

First Name:	
Last Name:	
Country of Residence:	
Highest Educational Degree:	
Designation/Position:	
Institution:	
Institution Address:	
Institution Contact Numbers:	
E-mail:	

Have you previously registered as a FERCAP member? Yes ___ No ___ When? ___

Type of membership: Lifetime ___ 2 years renewable ___

Are you a member of an ethics committee? Yes ___ No ___

If YES, please answer the questions below:

Your position in the ethics committee:

Chairperson ___ Member ___ Secretary ___ Others ___

Name of the ethics committee: _____

Name of the institution: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

FERCAP Membership Fee

Please Check:	Membership Fee	
	Institutional	300 US\$ (10500 THB)
	Lifetime	30 US\$ (1050 THB)
	2 YRS	10 US\$ (350 THB)
	Renewal (2 YRS)	10 US\$ (350 THB)

Membership Fee: ___ US\$ (THB)

PAYMENT MAY BE MADE TO: Account Name: FERCAP * Account Number: 050-2-19476-4 * Bank Name: TMB Bank Public Company Limited *
Bank Address: 99 Mu 18, Klongluang, Pathumthani 12120, Thailand * Swirt Code: TMBKTHBK

IMPORTANT: E-mail the accomplished/completed form (and the scanned copy of the deposit slip if applicable) to: atoynavarro@yahoo.com