

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



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 <a href="#">CMRC Charter</a> and agree to work within the Charter as a Member/Associate Member of the CMRC		YES / NO
I confirm that I am resident/working in the UK		YES / NO
Please tick relevant membership rate	Student	<input type="checkbox"/> £15 per year
	Associate Member	<input type="checkbox"/> Free
	Professional Member	<input type="checkbox"/> £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 [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