

## Membership Application

Thank you for your interest in becoming part of the International Cancer Research Partnership. Further information about the benefits of partnership can be found at <https://www.icrpartnership.org/become-a-partner>. Please complete this application and return with the supplementary information requested below to: operations@icrpartnership.org

<b>Section 1: Organization information</b>	
Organization's Name	
Organization's Address	
Organization's Country	
<b>Executive Director, President, CEO or Chairperson</b>	
Name	
Position	
Email	
Description of the organization and its mission (this will be used as a description on our website list of partners)	
Brief description of research profile (disease-specific vs. entire research continuum portfolio)	
Year when initiated research program	
<b>Name of Contact Person (if different from the above).</b>	
<i>Please note that this individual would be an active member of the ICR partnership. Active participation will include joining monthly webinars when possible, management of your organization's submission to the ICRP database and could also include membership of an ICRP sub-committee (e.g. research outcomes, data analysis, web development).</i>	
Name	
Organization	
Position	
Email	

## Section 2: Research Investment Budget information

Current annual cancer research investment budget	
Current annual operating budget (optional)*	
Reporting period (e.g. 2020)	
Approximate number of projects funded per annum	
Approximate number of projects funded per annum	

\*If your organization's current annual operating budget differs significantly from its annual research investment, you may wish to provide a short explanatory paragraph in your supplementary information e.g. if you provide a large amount of funding for non-cancer research or patient support that would not be eligible for inclusion in the ICRP database of research.

Please tick/check your membership contribution based on the criteria listed in the table below.

If your organization is located in a low, middle or upper middle income country, please check the box on the left. Organizations in LICs, MICs or UMICs are entitled to a free trial year and a 50% reduction in fees in subsequent years if they choose to continue membership.

Tier**	Annual research investment budget (\$US dollars)	Annual membership contribution (\$US dollars) [LMIC/UMIC rate, free in year 1]	Select tier (mark with 'x')
VI	\$250M or over	\$25,000 [\$12,500]	
V	\$150M-\$250M	\$12,000 [\$6,000]	
IV	\$25M-\$149M	\$8,000 [\$4,000]	
III	\$10M-\$24M	\$5,000 [\$2,500]	
II	\$5M-\$9M	\$2,000 [\$1,000]	
I	Less than \$5M	\$500 [\$250]	

\*\*Please note that your annual membership contribution tier is determined by the current annual research investment budget reported here. The currency exchange rate valid on the date of the membership application pack will be used to determine the US dollar value of your research investment budget. For organizations in LMIC/UMIC countries, a free trial year is offered.

### **Section 3: ICRP Terms & Conditions of membership**

Please confirm your organization's eligibility for membership and acceptance of ICRP's terms and conditions. My organization:

- Has a scientific peer review system
- Agrees to the ICR Partners' mission statement
- Agrees to establish and maintain a system for coding research portfolios to CSO and disease-site codes or use the ICRP Coding Service
- Agrees to post its research portfolio annually on the ICRP website, which entails submission of research portfolio datasets to a US database
- Agrees to contribute financial support annually for the ICRP to provide administrative support for the partnership and portfolio analyses [\*Free trial year for LMIC/UMICs]
- Agrees to sustain membership for a minimum of 3 years, or to use the free trial year if my organization is in a LMIC/UMIC.
- Agrees to abide by the [Policies & Procedures](#) of the ICRP
- Has nominated a contact who will participate actively in the ICRP

### **Section 4: Supplementary Information**

*In addition to this application form, please provide electronic copies (e.g. pdf) of:*

- A letter from your organization's Executive Director/President/Chairperson indicating commitment to the ICR Partners' Policies and Procedures, a statement of willingness to contribute financially (through the annual membership contributions) or to request a free trial year's membership, and to contribute in kind (e.g. contribution of contact person's time)
- Documentation summarizing your organization's peer review process, including evidence of an open, competitive process for applications who meet established criteria.

### **Please send the form and supplementary information to:**

*Dr. Lynne Davies (Operations Manager)*

*Tel: + 44(0) 788 959 9948*

*E-mail: [operations@icrpartnership.org](mailto:operations@icrpartnership.org)*