

Thank you for your interest in becoming part of the International Cancer Research Partnership. Please complete this application and on a separate sheet include the supplementary information requested below.

Organization Information
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Organization's name

Organization's address (street address, city, state/province, country, ZIP/Postal code)

Executive Director/President/Chairperson
(name and position)

Telephone number

Email address

Web URL

Description of the organization's mission and status (e.g., public organization, charity, foundation, etc.)

Brief description of research profile (e.g., disease-specific vs. entire research continuum portfolio)

Year research program was initiated

Research Investment Budget Information

Current annual research
investment budget

Reporting period
(e.g., 2014)

OPTIONAL¹: Current annual
operating budget

Approximate number of
projects funded per annum

Tick the relevant membership tier for your organization ¹	Research Investment Budget (U.S. Dollars) ²	Annual Contribution (U.S. Dollars) ²
Tier VI <input type="checkbox"/>	\$250M or over	\$25,000
Tier V <input type="checkbox"/>	\$150M-\$249M	\$12,000
Tier IV <input type="checkbox"/>	\$25M-\$149M	\$8,000
Tier III <input type="checkbox"/>	\$10M-\$24M	\$5,000
Tier II <input type="checkbox"/>	\$5M-\$9M	\$2,000
Tier I <input type="checkbox"/>	Less than \$5M	\$500

New Partners are invoiced at one of two fixed points: July 1st if the membership application is approved in the calendar year before July 1st, or Jan 1st if the membership application is approved on or after July 1st.

1. 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 U.S. dollar value of your research investment budget.

2. 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 cancer care/policy that would not be eligible for inclusion in the ICRP database).

Contact Person Information

(if different from the person named on page 1)

Please note that this individual will be expected to be an active member of the ICRP partnership. Active participation will include monthly teleconference (when convenient in your time zone), membership of an ICRP sub-committee (e.g. research outcomes, data analysis, web development), management of your organization's submission to the ICRP database and participation in portfolio analyses.

Contact person's name and position

Address (street address, city, state/province, country, ZIP/Postal code)

Telephone number

Email address

ICRP Terms and Conditions of Membership

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

I confirm that my organization:

1. Has an external scientific peer review system ☐
2. Agrees to the ICRP mission statement ☐
3. Agrees to establish and maintain a system for coding research portfolios to CSO and disease-site codes ☐
4. Agrees to post its research portfolio annually on the ICRP website, which entails submission of research portfolio datasets to a US database ☐
5. Agrees to contribute financial support annually for the ICRP to provide administrative support for the partnership and portfolio analyses ☐
6. Agrees to sustain membership for a minimum of 3 years ☐
7. Agrees to share its portfolio information with the other ICRP organizations via the Partner-only restricted access section of the ICRP website ☐
8. Agrees to abide by the Policies and Procedures of the ICRP ☐
9. Has nominated a contact who will participate actively in the ICRP ☐

Supplementary Information

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

1. A letter from your organization's Executive Director/President/Chairperson indicating commitment to the ICRP Policies and Procedures, a statement of willingness to contribute both financially (through the annual membership contributions) and in kind (e.g., contribution of contact person's time, hosting the ICRP annual meeting on rotation¹) ☐
2. Documentation summarizing your organization's peer review process, including evidence of an open, competitive process for applicants who meet established criteria. ☐

Please send your completed application form with supporting material by email to:
Dr. Lynne Davies (Operations Manager) at: **operations@icrppartnership.org**

FOR ICRP OFFICE USE ONLY: Do not complete this section		Application received:	
Application complete:		Application considered by Partners:	
Application approved:		Acceptance letter sent:	

¹Note that core meeting costs are covered by ICRP to ensure that all member organizations are able to host. For details, refer to our Policies.