

# NJ Alliance for Clinical and Translational Science (NJ ACTS)

## Membership Application for Community and Industry Members

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Company/Institution: \_\_\_\_\_

Organizational Type:

Not For Profit

For Profit

Organization Website: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Organizational Mission: Describe your organization's mission.**

**Describe your interest in NJ ACTS and Clinical/Translational Research:**

**Current Collaborations:** Are you currently working with faculty at any of the participating academic institutions (Rutgers, Princeton and the New Jersey Institute of Technology, please note the name of the collaborator(s) and the topic of the collaboration. Add more lines, if needed.

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**Getting Involved in NJ ACTS:** Which areas are of the greatest importance and interest to you? Check all that apply.

Check	Area	Comments
<input type="checkbox"/>	Community-based Research	
<input type="checkbox"/>	Informatics Tools and Capabilities	
<input type="checkbox"/>	Identifying Collaborators and Promoting Collaboration	
<input type="checkbox"/>	Pilot Grants	
<input type="checkbox"/>	Biostatistics, Epidemiology and Research Design	
<input type="checkbox"/>	Regulatory Knowledge and Streamlining	
<input type="checkbox"/>	Research with Special Populations	
<input type="checkbox"/>	Managing Clinical Research, Identifying Subjects, Streamlining Processes	

*For internal use only*

Date received: \_\_\_\_\_

Committee review date: \_\_\_\_\_

Date processed: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Membership decision: \_\_\_\_\_

Email notification date: \_\_\_\_\_