



Prospective members should follow the instructions provided below for becoming a Cluéo Clinical Society (CCS) member.

1. Complete the CCS Membership Application Form
2. Sign the CCS Membership Application Form
3. Submit signed document and any supporting documents via email [info@clueoclinical.com](mailto:info@clueoclinical.com)
4. You will receive an email notification from Cluéo Clinical Society once your membership is accepted
5. Pay the Membership fee within 7 days of confirmation
6. Enjoy your membership benefits

### Attachments

Please submit with your CCS Membership Application Form:

- Your current resume, including information about relevant work or volunteer experience
- Two references (including one academic/professional reference)

### Submitting your application

Complete this application form, attach supporting documents and email to Cluéo Clinical Society at [info@clueoclinical.com](mailto:info@clueoclinical.com).

### Cluéo Clinical Society Bank Details

Account Name:	Clueo Clinical Pty Ltd
BSB:	302-162
Account number:	162023-1
Reference number:	CCS Your Name/Company



### Cluéo Clinical Society (CCS) Information

This section is completed by a CCS officer.

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CCS Membership Number      CCS Membership Start Date      CCS Membership Expiry Date

### Applicant Information

**Full name: \*** \_\_\_\_\_  
 (First name)                      (Middle Name)                      (Last Name)

**Title: \*** Miss / Mr / Ms / Mrs / Dr

**Gender: \***     Male                       Female

**Date of Birth: \***    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Day)              (Month)              (Year)

**Email: \*** \_\_\_\_\_

**Phone number:** \_\_\_\_\_  
 (Area code)    (Phone number)

**Mobile number: \*** \_\_\_\_\_

**Company name  
 (Group membership  
 only):\*** \_\_\_\_\_

**Address/PO Box: \*** \_\_\_\_\_  
 (Street address or PO Box number)

\_\_\_\_\_

(Street address Line 2)

\_\_\_\_\_

(City / Suburb)                      (State)

\_\_\_\_\_

(Post Code)                      (Country)

**Membership Level:**     Group                       Full                       Student

**Membership Type:**     New                       Renewal

**Membership Duration:**     12 months                       6 months  
 3 months                       1 month

**Membership Fees payable:**    \$ \_\_\_\_\_

**How did you hear about us?**

LinkedIn                       A friend                       Search Engine

News Article                       Twitter                       Online Ads



### Referee Details (for New Individual Members only)

Please provide the name and contact details of two referees including one professional referee.

<b>Professional Referee:</b>	
Name of referee: *	
Position: *	
Email: *	
Phone: *	
<b>Personal Referee:</b>	
Name of referee: *	
Position: *	
Email: *	
Phone: *	
<b>Declaration and Signature:</b>	
I declare that the information submitted with this application is complete and correct. I understand and accept that Cluéo Clinical Society reserves the right to reverse or change any decision regarding memberships made based on incomplete or false information.	
<input type="checkbox"/> I have read, understood, and accepted the Membership Terms and Conditions	
Signature:	
Date:	





## MEMBERSHIP TERMS AND CONDITIONS

1. Membership is available to individuals (18 years of age or older) or companies who have an interest or active role within the Clinical Research industry.
2. Consistent with my desire to take personal responsibility for my conduct, individually and as a member of Cluéo Clinical Society or CCS, I agree to abide by the principles contained in privacy policy. I will refrain from any form of discrimination, harassment, bullying, derogatory, illegal, or unethical conduct, and I understand that if I engage in such conduct, I agree to reimburse CCS, or other clubs, or other individuals involved with CCS, for any damages, losses or costs resulting from my conduct.
3. Understanding that CCS programs are conducted by volunteers who cannot be effectively screened or supervised by CCS or its members, I release and discharge CCS, governing bodies, officers, employees, agents, and representatives from any liability for the intentional or negligent acts or omissions of any member or officer of CCS.
4. By submitting this application, I agree to the collection, use and processing of the personal information I provide to CCS in this membership application for the purposes of organization administration, payment of my fees, and inclusion of my contact information in a members' directory that will be distributed to members and employees of CCS. By submitting my personal information to CCS, I also agree that my information may be accessed and used by CCS and its employees and agents. I agree to notify [info@clueoclinical.com](mailto:info@clueoclinical.com) of any change to my personal information and make requests to check, delete or correct my personal information, so that it is accurate and current. I understand that the majority of the data requested in this application is necessary for administrative and planning purposes and that the failure to provide this information may prevent my application from being properly processed or the inclusion of my contact information in the members directory.