

Name	Type in name
Degrees	All relevant academic degrees
Credentials	License(s)
Certification	Professional certification(s)
Title	Primary title
Company/Institution	Name of employer/affiliation
Address1	Address
Address2	Address
Phone	Primary contact phone
Fax	Primary contact fax
E-mail	Primary contact e-mail
Member status	Chair / Alternate / Regular / Non-voting
Relationship to Institution	Faculty, Staff, Consultant, None
Representative Capacity	Scientific? Non-scientific? Community? Prisoner rep? Etc.
Professional Specialty	As relates to IRB activities
Alternative for	Alternate: Alternate for which regular member(s)
Term	Date appointed to                      Date term up
Signature Authority	Y/N