

Application for Membership

**Please create a document answering the questions in the below template.
Only complete and accurate applications will be considered.**

Part 1 – General Information

1. Full institution name, including affiliated medical school (if any):
2. Coordinating investigator and e-mail address:
3. Other institutional investigators and their e-mail addresses:

Part 2 – Please complete the following regarding criteria for full membership.

4. Our institution has a dedicated clinic for scleroderma.

Yes / No

5. Full mailing address:

Street/Building:

City:

Country:

ZIP/Postal code:

Telephone no. (with country code):

Fax no. (with country code):

6. Our clinic has participated in at least one clinical trial of direct relevance to scleroderma.

Yes / No

6a. If yes, list the clinical trial(s) (Including sponsor) in which you/your institution has participated.

6b. If no, please answer the following:

- Our clinic has participated in a previous clinical trial for a non-scleroderma immunologic or rheumatological disease.

Yes / No

- Our clinic has available support personnel experienced in clinical trials and “good clinical practices”.

Yes / No

- Our clinic has the ability to recruit patients with scleroderma for clinical trials.

Yes / No

7. Our institution has published at least one manuscript within the last five years describing clinic aspects of scleroderma.

Yes / No

7a. List manuscript information.

8. Should your institution wish to have the initial (\$250 USD) and annual (\$200 USD) dues waived please express that here, and why. The waiving of dues is considered on a case by case basis and will be reviewed on a yearly basis.

Upon completion, please submit to Adara Borys at sctcinc01@gmail.com.

Thank you!