



Membership Application

AIRI is a nationwide association of independent, not-for-profit research institutes conducting peer-reviewed basic and applied research in the biomedical and behavioral sciences.

SECTION 1: GENERAL INFORMATION

Contact Name:		
Contact Title:		
Institute:		
Street Address:		
City:	State:	Zip:
Institute's Phone:	Fax:	
Contact E-mail:		
Web Site:		Year Founded:

A. What is the Institution's mission/ principal activity?

B. What are the Institution's major research emphases?

1. _____
2. _____
3. _____
4. _____
5. _____

C. Is the Institution affiliated with another organization? Yes No

If yes, name of organization: _____
Nature of affiliation: _____

D. What is the size of the governing board? _____ What is the number of these appointed by affiliate? _____
Does the Institution have an external science advisory panel? Yes No

E. Is the Institution tax exempt? No Yes; please site IRS section & subsection: _____
The following must be attached with this application: 1) Bylaws; 2) Annual Report; 3) Articles of Incorporation; 4) most recent audited financial statements; and 5) any material describing nature of institution.

F. What is your Institution's total facility space: _____ square feet

G. What is the total number of staff employed directly by the Institution? _____
Number of: _____ principal investigators _____ other scientific staff

H. Does your Institution receive competitive grants in its own name? Yes No

I. Do your investigators cite the name of your Institution on peer-reviewed publications? Yes No

J. Does your Institution have a for-profit subsidiary? Yes No

K. If your Institution conducts research outside of the U.S., please list the countries:

SECTION 2: FINANCIAL

Annual Revenue as reported on your most recent Form 990, line 12: \$ _____
(membership dues are based off of this number)

Fiscal year ending (month/year): _____

Total Research Budget
Direct: \$ _____

Indirect: \$ _____

Federal negotiated indirect cost rate: _____ %
Based on _____ MTDC or _____ S&W

Indirect cost rate includes:
_____ depreciation or _____ use allowance
Based on Indirect Cost Principles _____ A-122
or _____

Off-site rate _____ %
Clinical trial rate _____ %
Fringe benefit rate _____ %

Direct research costs: grants _____ %
contracts _____ %
subcontracts _____ %

Source of research funds (note: this must total 100%):

_____ NIH
_____ NSF
_____ ADAMHA
_____ DOE
_____ DOD
_____ state government
_____ private foundations/vol health agency
_____ endowments/gifts
_____ corporations
_____ other federal, specify agency _____
_____ other, specify if over 5% _____
100% Total

SECTION 3: STAFF

PLEASE INDICATE FULL NAME, CREDENTIALS, TITLE, EMAIL, & PHONE::

Chief Administrator (V. Pres./CAO/COO/CFO/etc.): _____

E-mail: _____ Phone: _____

Chief Scientist (Director/CEO/President): _____

E-mail: _____ Phone: _____

Development: _____

E-mail: _____ Phone: _____

Facilities: _____

E-mail: _____ Phone: _____

Finance: _____

E-mail: _____ Phone: _____

Human Resources: _____

E-mail: _____ Phone: _____

Human Protection Admin: _____

E-mail: _____ Phone: _____

Information Technology: _____

E-mail: _____ Phone: _____

Public Relations: _____

E-mail: _____ Phone: _____

Purchasing: _____

E-mail: _____ Phone: _____

Research: _____

E-mail: _____ Phone: _____

Please E-mail in PDF all of the following to AIRI Membership Chair - Sophia A. Darling, Vice President of Finance & Operations, Boyce Thompson Institute for Plant Research Inc. at sad82@cornell.edu:

1) application; 2) Bylaws; 3) Annual Report; 4) Articles of Incorporation; 5) most recent audited financial statements; and 6) if any material describing nature of institution.

If you have any questions regarding your membership application or criteria, please contact Sophia Darling at sad82@cornell.edu or 607-254-1225.