



# West Virginia Network of Ethics Committees 2025 Institutional Membership Form

Institution: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Ethics Committee Chair: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Institution's primary health care setting. (Please only choose one)**

Home Health     Hospice     Hospital     Nursing Home

**\$150**    (institutions with annual gross revenues of less than \$500,000 per year)

**\$250**    (institutions with annual gross revenues of \$600,000 to \$5,000,000 per year)

**\$350**    (institutions with greater than \$5,000,000 annual gross revenues)

Return this form with your check payable to:

**West Virginia University Foundation**

1 Waterfront Place, 7<sup>th</sup> Floor

Morgantown, WV 26507

**Make sure to note 2V276 in the check memo!**

**Please send a copy of this form along with a mailing list, including e-mail addresses, of the members of your ethics committee or other interested staff members, who should receive conference brochures, newsletters, and e-mail announcements to WVNEC 64 Medical Center Drive, PO Box 9022 Morgantown, WV 26506-9022 or email to [wvneccourses@hsc.wvu.edu](mailto:wvneccourses@hsc.wvu.edu).**