



West Virginia Network of Ethics Committees 2026 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, 7th Floor

Morgantown, WV 26507

Make sure to note 2V276 and Invoice# 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.