

# 2012 SQA Membership Application



(Please circle)

Name: Mr. Ms. Dr. \_\_\_\_\_  
(First) (Middle Initial) (Last) (Suffix)

Title: \_\_\_\_\_

Company (Required): \_\_\_\_\_

Street: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

E-mail address is required for SQA Members-Only Website access.

Please **DO NOT** communicate with me via e-mail.

Please **DO NOT** communicate with me via fax.

**SQA has a Mentoring Program.** Would you be interested in being a Mentor, Mentee or both? \_\_\_\_\_

Would you be interested in joining an SQA Committee or Specialty Section?

If so, please list Committee/Specialty Section: \_\_\_\_\_

How did you hear about SQA? \_\_\_\_\_

Were you referred by an SQA Member? \_\_\_\_\_ (SQA Member Name)

SQA Member named here will have his/her name entered for a special prize drawing!

## Please check the membership classification requested:

### **ACTIVE - \$150.00**

Applicants shall submit a completed application, accompanied by the appropriate documentation required for Active membership and payment.

### **AFFILIATE - \$150.00**

Applicants shall submit a completed application, accompanied by appropriate payment.

### **RECLASSIFICATION**

Applicants shall submit a completed application. Affiliate members may apply for Reclassification to Active membership status by submitting a new application and the documentation required for Active membership.

**Individuals who do not qualify for Active membership shall be processed as Affiliate and notified of what is required for reclassification.**

### What are your areas of regulatory responsibility? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>GCP</b>               | <input type="checkbox"/> <b>GLP</b>                        |
| <input type="checkbox"/> Human                    | <input type="checkbox"/> Environmental Chemical            |
| <input type="checkbox"/> Veterinary               | <input type="checkbox"/> Pharmaceutical and Medical Device |
| <input type="checkbox"/> <b>GMP</b>               |  |
| <input type="checkbox"/> API                      | <input type="checkbox"/> Food                              |
| <input type="checkbox"/> Bulk Chemical            | <input type="checkbox"/> Medical Devices                   |
| <input type="checkbox"/> Clinical Supply          | <input type="checkbox"/> Packaging                         |
| <input type="checkbox"/> Finished Pharmaceuticals | <input type="checkbox"/> Veterinary Biologics              |
| <input type="checkbox"/> <b>Animal Welfare</b>    | <input type="checkbox"/> Other: _____                      |

### What are your areas of expertise? (Check all that apply)

	<b>GCP</b>	<b>GLP</b>	<b>GMP</b>
<b>Archiving</b>	_____	_____	_____
<b>Biotechnology</b>	_____	_____	_____
<b>Career Counseling/Recruiter</b>	_____	_____	_____
Education/Training	_____	_____	_____
Environmental Chemicals	_____	_____	_____
Ethics in Science	_____	_____	_____
Food	_____	_____	_____
Human Biologics	_____	_____	_____
Human Drugs	_____	_____	_____
Information Technology	_____	_____	_____
Medical Devices	_____	_____	_____
Metrology	_____	_____	_____
Quality Control	_____	_____	_____
Regulatory Affairs - US	_____	_____	_____
Regulatory Affairs - International	_____	_____	_____
Statistics	_____	_____	_____
Validation - Computerized Systems	_____	_____	_____
Validation - Analytical/ Bioanalytical Methods	_____	_____	_____
Validation - Process	_____	_____	_____
Veterinary Biologics	_____	_____	_____
Veterinary Drugs	_____	_____	_____
<input type="checkbox"/> 6 Sigma			
<input type="checkbox"/> AAALAC/AALAS Certification			
<input type="checkbox"/> Continual Improvement			
<input type="checkbox"/> ISO			
<input type="checkbox"/> Project Management			

Please send completed application and payment to:  
**Society of Quality Assurance, 154 Hansen Road, Suite 201, Charlottesville, VA 22911 USA**  
Tel: +1.434.297.4772 Fax: +1.434.977.1856

# 2012 Membership Payment Information



Name: \_\_\_\_\_

(First)

(Middle Initial)

(Last)

(Suffix)

Payment Summary from Page 1:

- Active Membership** - 1 January 2012 to 31 December 2012 **\$150.00**  
Requires additional documentation. Membership will only be processed when appropriate documentation and payment are received.
- Affiliate Membership** - 1 January 2012 to 31 December 2012 **\$150.00**
- GCP and GLP Regulations and Reference Materials - Online Access** (optional)
  - GCP Materials** or  **GLP Materials** **\$15.00**
  - Both GCP and GLP Materials** **\$25.00**

**Amount Paid:** \_\_\_\_\_

## SQA Code of Ethics

Adherence to ethical standards is a key criterion in earning and preserving the trust placed in the research quality assurance profession and is a requirement for membership in SQA and participation in its activities.

### I, as a member of the Society of Quality Assurance, shall:

- Maintain a high level of personal integrity and professional competence;
- Act always in a manner that reflects creditably upon my profession;
- Maintain an objective attitude towards evaluation of facilities, studies or product integrity regardless of any internal or external influences;
- Protect confidential information;
- Report findings accurately and honestly and make recommendations impartially;
- Avoid situations where my professional judgment may be compromised;
- Understand, promote and implement the laws, regulations, guidelines and standards applicable to the field of quality assurance and specifically to my position; and
- Uphold this Code of Ethics in the conduct of my duties and in my professional associations.

I certify that to the best of my knowledge all provided information is true. I understand that the documentation I submit in support of Active Membership may be verified for accuracy by the EMCC and that inaccurate information may result in denial of Active Membership. I have read and accept the SQA Code of Ethics.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

#### FOR OFFICE USE ONLY:

Date Rec'd _____	Data Entry _____	Sent to Committee _____
Pmt Processed _____	QC _____	Source: RAPS _____

## Payment Details

Payment Method  VISA  MasterCard  American Express  Check # \_\_\_\_\_

Wire transfers may be made by special arrangement and will be subject to an additional processing fee. Remittance must be made in U.S. Dollars. A \$25.00 surcharge may be assessed to cover any collection fees.

Cardholder Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder E-mail Address \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please include bank card code (3 or 4 digit code) located on back of card.

If sending by facsimile, please remember to send both sides of the application. Please allow four weeks for membership processing and approval.