

2011 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 like to receive a phone call from an SQA member to provide additional information? Yes No

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)

- GCP** **GLP**
- Human Environmental Chemical
- Veterinary Pharmaceutical and Medical Device
- GMP**
- API Food
- Bulk Chemical Medical Devices
- Clinical Supply Packaging
- Finished Pharmaceuticals Veterinary Biologics
- Animal Welfare** Other: _____

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

	GCP	GLP	GMP
Archiving	_____	_____	_____
Biotechnology	_____	_____	_____
Career Counseling/Recruiter	_____	_____	_____
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

FOR OFFICE USE ONLY:

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

2011 Membership Payment Information

Name: _____
(First) (Middle Initial) (Last) (Suffix)

- Active Membership** - 1 January 2011 to 31 December 2011 **\$150.00**
Requires additional documentation. Membership will only be processed when appropriate documentation and payment are received.
- Affiliate Membership** - 1 January 2011 to 31 December 2011 **\$150.00**
- GCP and GLP Regulations and Reference Materials on Searchable CD-ROM** (optional)
 - GCP CD-ROM** or **GLP CD-ROM** **\$15.00**
 - 2 CD-ROM Set** (includes GCP and GLP CDs) **\$25.00**
 - International CD Postage** (required for members outside the United States) **\$2.00**

Payment Details

Amount Paid: _____

Payment Method VISA MasterCard American Express Check # _____

Wire transfers may be made by special arrangement and will be subject to an additional processing fee.

Credit Card Number _____ Code _____

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

Exp. Date _____ Cardholder Printed Name _____

Signature _____

Credit Card Billing Address* _____

Cardholder E-mail Address _____

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

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