

# 2012 SQA Outreach 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.

What are your areas of responsibility? \_\_\_\_\_

What are your areas of expertise? \_\_\_\_\_

## SQA Outreach Membership - 1 January 2012 - 31 December 2012

- The Outreach category of membership is for qualified persons from countries identified as low or middle income by the World Bank, who demonstrate an interest in Quality Assurance.
- Outreach members shall not be permitted to vote or run for elected office.
- Outreach members shall be granted informational benefits as determined periodically by the Board of Directors.
- There is no charge for this category of membership.
- Applicants shall submit a completed application and copy of current CV. Membership will only be processed when appropriate documentation is received.

All outreach members will receive complimentary access to the SQA Members-Only website at [www.sqa.org](http://www.sqa.org).

## 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 the 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

Please send completed application and CV to:  
**Society of Quality Assurance, 154 Hansen Road, Suite 201, Charlottesville, VA 22911 USA**  
Tel: +1.434.297.4772 Fax: +1.434.977.1856 Email: [sqa@sqa.org](mailto:sqa@sqa.org)

FOR OFFICE USE ONLY:

Date Rec'd \_\_\_\_\_

Data Entry \_\_\_\_\_

Sent to Board \_\_\_\_\_

Proofread \_\_\_\_\_