Connecting People, Science and Regulation®

PDA Membership Application

Contact Information

☐ Home Contact Information ☐ Work Contact Information

☐ Mr. ☐ Mrs. ☐ Ms.
☐ Dr. ☐ Prof.

Name (first, middle initial, last)

Organization Name

Job Title

Mailing Address

City

State/Province

ZIP+4/Postal Code

Country

Telephone

Email

Fax

Membership Status

Are you a renewing PDA member?

☐ Yes, please enter your PDA ID Number

☐ No

New Member?

Were you referred by a PDA Chapter?
If so, which one? .....

Please provide a preferred user ID for your login .....

☐ Check here to use your PDA member number as your User ID.

Member Profile

The following information will be used to help PDA develop programs and resources appropriate for your professional needs (select all that apply).

1. Specialty Area/Areas of Interest

- ☐ Biotech
- ☐ Blow/Fill/Seal
- ☐ Clinical Trial Materials
- ☐ Combination Products
- ☐ Facilities and Engineering
- ☐ Filtration
- ☐ Flexible Container
- ☐ Inspection Trends
- ☐ Lyophilization
- ☐ Microbiology/Environmental Monitoring
- ☐ Packaging Science, Container Development
- ☐ Pharmaceutical Cold Chain
- ☐ Pharmaceutical Water Systems
- ☐ Prefilled Syringes
- ☐ Process Validation
- ☐ Quality Risk Management
- ☐ Quality Systems
- ☐ Regulatory Affairs
- ☐ Sterile Processing
- ☐ Supply Chain Management
- ☐ Technology Transfer
- ☐ Vaccines
- ☐ Visual Inspection of Parenterals
- ☐ Other (Specify .....)

2. Department

- ☐ Biochemistry
- ☐ Biology
- ☐ Chemistry
- ☐ Clinical Trials and Biostatistics
- ☐ Compliance
- ☐ Engineering
- ☐ Executive Management
- ☐ Human Resources
- ☐ Information Technology
- ☐ Legal
- ☐ Manufacturing
- ☐ Marketing
- ☐ Microbiology
- ☐ Development
- ☐ Quality
- ☐ Regulatory Affairs
- ☐ Research
- ☐ Sales
- ☐ Technical Operations
- ☐ Training
- ☐ Validation
- ☐ Other (Specify .....)

3. How many years have you worked in the industry?

- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 4-9 years
- ☐ 10-20 years
- ☐ More than 20 years

4. Job Position

- ☐ Account Manager; Sales Representative
- ☐ Auditor; Inspector; Investigator; Reviewer
- ☐ Biologist; Microbiologist; Virologist
- ☐ Consultant
- ☐ Dean; Provost; Professor
- ☐ Director (All)
- ☐ Engineer (All)
- ☐ Executive; Chairman; President; CEO; COO; GM; Managing Director; Center Director
- ☐ Hospital Pharmacist
- ☐ Manager; Leader; Supervisor; Branch Chief
- ☐ Operator; Technician
- ☐ Pharmacist
- ☐ Product Manager
- ☐ Purchaser
- ☐ Qualified Person; Registered Authorized Person
- ☐ Recruiter/HR Manager
- ☐ Scientist; Researcher
- ☐ Site Head/Plant Manager
- ☐ Student; Fellow
- ☐ Vice President; Department/Sector Head; Chief Scientific Officer; Office Director

5. What is your role in the acquisition of products and/or services?

- ☐ Purchase
- ☐ Authorize
- ☐ Recommend
- ☐ None of the above

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Apply Online:

(Membership is nontransferable; membership fees are nonrefundable)

www.pda.org

New Applicants:
Apply on-line by logging onto **www.pda.org/join**

Current Members:
Renew your membership online! Access and update your account information by logging onto **www.pda.org/renew**

Optional Unlimited Online Journal Access:

- ☐ 1 year Journal Archive $150
- ☐ 2 years Journal Archive $250 ***Save $50!***

Other Payment Options

Membership Type (Select one.)
All PDA members are individual memberships; Standard includes full membership benefits and privileges. All other discounted member types listed on the right column are electronic only, require proof of qualification and are for 1 year of membership. For more details visit www.pda.org. All rates are in USA dollars.

Federal Tax I.D. #52-1906152

☐ 1 Year Standard: $249	☐ Government: $100
☐ 2 Year Standard: $449 ***Save $49!***	☐ Emerging Economy: $100
☐ 3 Year Standard: $673.50 ***Save $73.50!***	☐ Academic: $100
☐ 4 Year Standard: $898 ***Save $98!***	☐ Student: $30
☐ 5 Year Standard: $1122.50 ***Save $122.50!***	☐ Retired: $25

Please indicate your payment method. (See delivery options below.)

☐ **A. Credit Card** - Please check the appropriate box: ☐ American Express ☐ Discover ☐ MasterCard ☐ VISA

Name (exactly as it appears on card) .....

Signature .....

Account Number ..... Exp. Date ..... / .....

Credit Card Billing Address

Address Line 1 .....

City ..... State ..... Zip .....

Country .....

☐ **B. Check** – Forward the check with the application form: PAYABLE TO PDA.

☐ **C. Pro-forma Invoice** – Please check the box to request a PRO-FORMA INVOICE from PDA to process your company payment.

Certification And Agreement

I hereby apply for PDA membership and certify that the statements above are true.

Signature .....

Date .....

Privacy Statement

PDA does not rent or sell its mailing list, and will not share your information with other organizations.

☐ I do not want to be included in the PDA Membership Directory

Return Completed Form Via One of the following Delivery Options:

Mail:
PDA
P. O. Box 79465
Baltimore, MD 21279-0465 USA

Express/Overnight Deliveries:
PDA
4350 East West Highway,
Suite 200
Bethesda, MD 20814

Fax Credit Card Payment Information:
+1 (301) 986-1361

Additional Assistance:
Tel: US +1 (301) 656-5900
Tel: Europe + 49-33056-2377-0
Email: info@pda.org