



Contact Information Home Contact Information Work Contact Information

Mr. Mrs. Ms. Dr. Prof. _____
 Name (first, middle initial, last)

 Organization Name

 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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PDA Membership Application

Apply Online:

(Membership is nontransferable; membership fees are nonrefundable)

New Applicants:

Apply on-line by logging onto www.pda.org/join

www.pda.org

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!**

Membership and Unlimited Journal Access must be for the same term.

Other Payment Options

Membership Type (Select one.)

Federal Tax I.D. #52-1906152

All PDA members are individual memberships; Standard includes full membership benefits and privileges. All other member types are electronic only. For more details visit www.pda.org.

- Standard: \$249
- Two Year Standard: ~~\$498~~ \$449 **Save \$49!**
- Emerging Economy: \$100* (electronic only)
- Government: \$100** (electronic only)
- Academic: \$100+ (electronic only)
- Student: \$30++ (electronic only)
- Retired: \$25*** (electronic only)

* Mailing address must be in a country classified by PDA as a Developing Economy. (Please visit www.pda.org/join for a list of these countries).
 ** Must be a full-time employee of an official government agency.
 ++ Must provide proof enrollment as a full-time student at a recognized academic institution.
 + Must be a full-time employee of a recognized academic institution.
 *** Must be retired and not employed in the pharmaceutical industry.

All Rates in U.S. Dollars.

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

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

Name (exactly as it appears on card)

Signature

Account Number

Exp. Date

/

- 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
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