



Connecting People, Science and Regulation\*

# PDA Membership Application

## Contact Information Home Contact Information Work Contact Information

### Are you a renewing PDA member?

Yes, please enter your PDA ID Number \_\_\_\_\_

No

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 (NOTE: Your email address will become your username for your PDA login)

\_\_\_\_\_  
Fax

## 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. 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



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## Other Payment Options

**Membership Type** (Select one.)

Federal Tax I.D. #52-1906152

All PDA memberships are individual members; 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](http://www.pda.org). All rates are in USA dollars.

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Year Standard: \$279<br><input type="checkbox"/> 2 Year Standard: \$518 (\$40 Savings)<br><input type="checkbox"/> 3 Year Standard: \$777 (\$60 Savings)<br><input type="checkbox"/> 4 Year Standard: \$1,036 (\$80 Savings)<br><input type="checkbox"/> 5 Year Standard: \$1,295 (\$100 Savings) | <input type="checkbox"/> Health Authority/Regulator: \$0.00<br><input type="checkbox"/> I cannot accept a complimentary membership. A nominal fee of \$12.00 will be charged.<br><input type="checkbox"/> Emerging Economy: \$100<br><input type="checkbox"/> Academic: \$100<br><input type="checkbox"/> Student: \$30<br><input type="checkbox"/> 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:

<b>Mail:</b> PDA P. O. Box 79465 Baltimore, MD 21279-0465 USA	<b>Express/Overnight Deliveries:</b> PDA 4350 East West Highway Suite 600 Bethesda, MD 20814	<b>Fax Credit Card Payment Information:</b> +1 (301) 986-1361
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**Additional Assistance:**  
 Tel: US +1 (301) 656-5900  
 Tel: Europe +49 30 436 55 08-0 or -10  
 Email: [info@pda.org](mailto:info@pda.org)

*Membership is individual-based and non-refundable and non-transferable.*