



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

I do / I do **NOT** consent to receive periodic promotional e-mails from PDA and my local PDA chapter (where applicable).

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.)

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. All rates are in USA dollars.

Federal Tax I.D. #52-1906152

- | | |
|---|--|
| <input type="checkbox"/> 1 Year Standard: \$279 | <input type="checkbox"/> Health Authority/Regulator: \$0.00 |
| <input type="checkbox"/> 2 Year Standard: \$518 (\$40 Savings) | <input type="checkbox"/> I cannot accept a complimentary membership. A nominal fee of \$12.00 will be charged. |
| <input type="checkbox"/> 3 Year Standard: \$777 (\$60 Savings) | <input type="checkbox"/> Emerging Economy: \$100 |
| <input type="checkbox"/> 4 Year Standard: \$1,036 (\$80 Savings) | <input type="checkbox"/> Academic: \$100 |
| <input type="checkbox"/> 5 Year Standard: \$1,295 (\$100 Savings) | <input type="checkbox"/> Student: \$30 |
| | <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 in US Dollars (\$USD) and payable via a US Bank.
- C. Pro-forma Invoice** – Please check the box to request a PRO-FORMA INVOICE from PDA to process your company payment.

Privacy Statement

PDA and its affiliated chapters do not rent or sell its mailing lists and will not share your information with anyone without your expressed consent as outlined in our Privacy Policy, which can be found at pda.org/privacy-policy.

Please provide your consent below:

- I do / I do **NOT** consent to be included in the PDA Membership Directory.
- I do / I do **NOT** consent to sharing my contact information with my local PDA chapter (where applicable).

Certification And Agreement

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

Signature

Date

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 600
Bethesda, MD 20814

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

Additional Assistance:
Tel: US +1 (301) 656-5900
Tel: Europe +49 30 436 55 08-0 or -10
Email: info@pda.org

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