

# **PDA Membership Application**

CONTACT INFORMATION			
Are you activating a new member account of	••••	existing profile?	Job SectorAcademicHealth AuthorityIndustryRetiredStudent
□ Mr. □ Mrs. □ Ms. □ Mx. □ Dr. □ Prof.		Indicate the year you began working in the industry	
Name (First, Middle Initial, Last)			
Organization Name  Home Address Work Address		Job Title	
Mailing	J Address		
City State/F	Province	ZIP+4/Postal Code	Country
Email (NOTE: Your email address will become your username for your PDA login)			Telephone
AREAS OF INTEREST			
<ul> <li>Advanced Therapy Medicinal Products (<i>ATMP</i>)</li> <li>Advanced Virus Detection Technologies</li> <li>Applied Statistics</li> <li>Biopharmaceutical Manufacturing</li> <li>Biosimilars</li> <li>Combination Products</li> <li>Data Integrity</li> <li>Facilities and Engineering</li> <li>Filtration</li> </ul>	Microbiology/Envi	utsourced Operations ronmental Monitoring , Container Development 'ater Systems	<ul> <li>Process Validation</li> <li>Quality Risk Management</li> <li>Quality Systems</li> <li>Regulatory Affairs</li> <li>Sterile Processing</li> <li>Supply Chain Management</li> <li>Technology Transfer</li> <li>Vaccines</li> <li>Visual Inspection</li> </ul>

## **MEMBERSHIP TYPES**

PDA welcomes members at all stages in their careers, from students just learning the industry, to seasoned professionals with years of experience behind them. To accommodate all who work in the industry, we offer several member types. Choose the one that fits your role within the industry or stage in your career. Each type is available in **Essential**, **Plus**, and **Premium** Tiers (see below for specific information on each tier).

#### Please Make Your Member Type Selection:

- **Standard Members** are any individuals working in bio/pharmaceutical manufacturing and related consulting, services, and supplier companies.
- Health Authority Members are employed full time by a regulatory authority or body. This category of membership excludes government contractors and manufacturers wholly or partly owned by governments.
- Early Career Professional Members are new to the workforce, with fewer than five years of professional experience. Applicants must provide one of the following to demonstrate eligibility: a current CV, resume, or social media account showing career history, or a letter from the applicant's corporate HR Department.
- Student Members are currently enrolled full time at an accredited college or university. This member type is not available to individuals also currently employed in the bio/pharmaceutical industry. Applicants must provide proof of full-time enrollment.
- □ Academic Members are full-time faculty members at an accredited college or university. This member type is not available to individuals also currently employed in the bio/pharmaceutical industry. Applicants must provide proof of full-time employment at an accredited academic institution.
- Emerging Economy Members reside in a country that is not recognized by the World Bank as a High-Income Economy. Refer to the PDA website for the list of qualifying countries to see if you are eligible for this membership type.
- **Retired Members** have fully retired from any role in the industry and are not active in consulting.



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### TIER SELECTION

1		
Essential	Plus	Premium
□ \$150	□ \$250	□ \$350
□ \$75	□ \$125	□ \$245
Free	Free	□ \$175
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	<ul> <li>\$150</li> <li>\$75</li> <li>Free</li> <li>•</li> <li></li></ul>	\$150       \$250         \$75       \$125         Free       Free         •       •

## **PRIVACY STATEMENT AND CONSENT**

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*.

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).

□ I do / □ I do NOT consent to receive periodic promotional emails from PDA and my local chapter (where applicable).

## **CERTIFICATION AND AGREEMENT**

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

#### Signature

## **PAYMENT OPTIONS AND FORM RETURN INSTRUCTIONS:**

#### Indicate your payment method. (See delivery options below)

A. Credit Card - Request a pro forma invoice below or visit pda.org/newmember to pay by credit card online.

- **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 email *membership@pda.org* to request a pro forma invoice from PDA to process payment from your company.

#### Mail:

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

## Express/Overnight Deliveries (DHL, FedEx, UPS, etc):

PDA c/o Truist Bank Lockbox 79465 1000 Stewart Avenue Glen Burnie, MD 21061 USA

### **Additional Assistance:**

Date

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

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

The pricing rates and structure of PDA membership are subject to change – check the PDA website at pda.org/memberprice for current rates.