

# SRCSQA MEMBERSHIP APPLICATION

( ) New membership - Did a SRCSQA member refer you? Member's name: \_\_\_\_\_

( ) New member joining in conjunction with a SRCSQA training session (attach this application to the registration form)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Would you like to receive SRCSQA correspondence via e-mail? \_\_\_\_\_ No \_\_\_\_\_ Yes

Are you interested in serving on a SRCSQA committee?

(Circle committees): Program Membership Publications/ Newsletter Web Site

Are you interested in information about an elected position in the Chapter?

(Circle position): Vice President/President/Past-Pres. (3 yrs) Treasurer (2 yrs)  
Secretary (2 yrs) Director (2 yrs)

Are you a Registered Quality Assurance Professional (RQAP-GLP or ROAP-GCP)? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes (year obtained) \_\_\_\_\_

Are you a Society of Quality Assurance member? \_\_\_\_\_ No \_\_\_\_\_ Yes

Are you a member of any other regional SQA chapters? \_\_\_\_\_ No \_\_\_\_\_ Yes

(Circle chapters): Canadian Mid-Atlantic Midwest National Capital Area  
New England N. Carolina Pacific

**The following information may be summarized in the membership directory (mailed only to SRCSQA members).**

**This information is optional.**

Please \_\_\_\_\_ include \_\_\_\_\_ **do not include** this information in the SRCSQA membership directory.

How would you classify your company? (check all that apply)

( ) Chemical ( ) Local, State, or Federal Government ( ) Research & Develop.  
( ) Contract facility ( ) Manufacturing ( ) University  
( ) Consultant ( ) Pharmaceutical ( ) Other \_\_\_\_\_

Regulatory Agency (check all that apply):

( ) EPA ( ) FDA ( ) FDA-CVM ( ) USDA ( ) Other \_\_\_\_\_

Regulations you work with: (check all that apply)

( ) GCP ( ) GLP ( ) GMP ( ) Other \_\_\_\_\_  
( ) FIFRA ( ) TSCA ( ) OECD ( ) Other \_\_\_\_\_

\$25.00 – Membership Dues Please include this form with your payment.

\$ \_\_\_\_\_ Other: \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL PAYMENT ENCLOSED**

**Mail to:**

Society of Quality Assurance  
ATTN: **SRCSQA**  
154 Hansen Road, Suite 201  
Charlottesville, VA 22911 USA  
Tel: 434.297.4772  
Fax: 434.977.1856

Make checks payable to:

**SRCSQA**

**METHOD OF PAYMENT:**

Please use the same payment method indicated on my SQA Membership Dues Invoice.

Enclosed is my check made payable to SRCSQA.

Remittance must be made in US dollars. A \$10.00 surcharge may be assessed to cover any returned checks.

Charge to the following credit card (circle one): MasterCard VISA AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Cardholder Name as it Appears on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_