

Midwest Regional Chapter
Society of Quality Assurance



**PRINT COMPLETED FORM AND
RETURN WITH FULL PAYMENT TO:**

MWSQA
154 Hansen Rd., Suite 201
Charlottesville, VA 22911 USA
Tel: 434.297.4772
Fax: 434.977.1856
Email: chapters@sqa.org

MEMBERSHIP REGISTRATION FORM
(The 2012 membership fee is \$20.00)

Name: _____
Title: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____ FAX: _____ E-mail: _____

Please send me email updates regarding chapter events

My regulatory interests are (Check all that apply):		
<input type="checkbox"/> FDA GLP	<input type="checkbox"/> Veterinary GCP	<input type="checkbox"/> Pharmaceutical GMP
<input type="checkbox"/> EPA GLP	<input type="checkbox"/> Human GCP	<input type="checkbox"/> Medical Device GMP
My occupation is oriented towards (Check all that apply):		
<input type="checkbox"/> Human drugs, vaccines or devices	<input type="checkbox"/> Educational Research Organization	
<input type="checkbox"/> Animal drugs, vaccines or devices	<input type="checkbox"/> Innovator pharmaceutical, vaccine or device firm	
<input type="checkbox"/> Agricultural products (including pesticides)	<input type="checkbox"/> Generic pharmaceutical, vaccine or device firm	
<input type="checkbox"/> Contract Research Organization		
Professional Affiliations (Please list)		
I would consider future participation in the MWSQA as a (check all that apply)		
<input type="checkbox"/> Meeting Attendee		
<input type="checkbox"/> Meeting Presenter - List Topic(s)		
<input type="checkbox"/> Elected Officer (preference?)		
<input type="checkbox"/> Committee Member (preference?)		

METHOD OF PAYMENT:

Enclosed is my check made payable to MWSQA.
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: _____