

**MEMBER INFORMATION**

Prefix:	First Name:	Middle Initial:	Last Name:
Informal Name:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Job/Occupation Title:	
Company Name / Organization:			

**PRIMARY CONTACT INFORMATION**

<input type="checkbox"/> Business <input type="checkbox"/> Home		
Street Address:		
P.O. Box:	Apartment/Suite/Mail Stop:	
City or Suburb:	State/ Province	Zip+4 / Postcode:
Country:	Telephone:	Fax:
Email Address (required):	Mobile (optional):	

**ALTERNATE CONTACT INFORMATION**

<input type="checkbox"/> Business <input type="checkbox"/> Home		
Street Address:		
P.O. Box:	Apartment/Suite/Mail Stop:	
City or Suburb:	State / Province	Zip+4 / Postcode:
Country:	Telephone:	Fax:
Email address:	Alma Mater:	

<input type="checkbox"/> I wish to keep my data confidential and only used by ISPE and its local Affiliates and Chapters	<input type="checkbox"/> I <b>DO NOT</b> wish to be included in the Membership Directory or Conference Attendee listings.
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**MEMBERSHIP CATEGORIES AND PAYMENT INFORMATION**

All Members of ISPE are entitled to vote on matters pending before the Society, hold office, and serve on committees. **Memberships are individual and not transferable.** For membership category descriptions, bylaws, and the Regulatory Authority/Government and Student Membership Application, visit [www.ISPE.org/membership](http://www.ISPE.org/membership).

- Industry Members:** Individuals engaged in pharmaceutical science, engineering or technology  
€200\* (Renewal rate is €160 when received by membership expiration date.)
- Academic Members:** Individuals employed full-time in an educational institution within pharmaceutical science, engineering or technology.  
€40\*
- Emerging Economy Members:** Individuals engaged in pharmaceutical science, engineering or technology, residing in an emerging economy country ([www.ISPE.org/emergingeconomylist](http://www.ISPE.org/emergingeconomylist) for eligibility). Online access only to *Pharmaceutical Engineering* magazine.  
€40\*

**Send by Mail or Fax:**

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Email: [ispe@associationhq.com](mailto:ispe@associationhq.com)

**Credit card information required.** Purchase orders will not be accepted. FEI #59-2009272

- Credit Card Type:  VISA  MASTERCARD/EUROCARD  AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of Cardholder (as it appears on credit card): \_\_\_\_\_

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

I hereby apply for ISPE membership and certify that all statements in this application are correct, and if elected to membership, agree to be governed by the Society Bylaws.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Member Name: \_\_\_\_\_ ID# \_\_\_\_\_

\*€60 (€15 for discounted memberships) of your dues is allocated to your subscription to *Pharmaceutical Engineering* magazine. Members may not deduct the subscription price from dues. Prices good through 31 December 2009; after 31 December 2009, please contact ISPE for current rates

Continue on other side →



<p><b>WHAT IS YOUR PRIMARY COMPANY TYPE? (select <u>one</u>)</b></p> <p><u>Manufacturer/Operating</u></p> <p><input type="checkbox"/> 1. Traditional Pharmaceuticals</p> <p><input type="checkbox"/> 2. Biopharmaceuticals/Biotechnology</p> <p><input type="checkbox"/> 3. Contract</p> <p><input type="checkbox"/> 4. Generic</p> <p><input type="checkbox"/> 5. Veterinary Medicine</p> <p><input type="checkbox"/> 6. Medical Devices/Diagnostics</p> <p><input type="checkbox"/> 7. Bulk/API</p> <p><input type="checkbox"/> 8. Cosmetics</p> <p><input type="checkbox"/> 9. Food/Nutraceuticals</p> <p><u>Service Provider</u></p> <p><input type="checkbox"/> 10. Engineering/Architecture</p> <p><input type="checkbox"/> 11. Consulting</p> <p><input type="checkbox"/> 12. Validation/Qualification/Commissioning</p> <p><input type="checkbox"/> 13. CRO – Clinical or Contract Research</p> <p><input type="checkbox"/> 14. Construction Services Contractor</p> <p><input type="checkbox"/> 15. Facilities/Equipment Maintenance</p> <p><input type="checkbox"/> 16. IT/Computer Services</p> <p><u>Supplier</u></p> <p><input type="checkbox"/> 17. Equipment/Components</p> <p><input type="checkbox"/> 18. Packaging Materials</p> <p><input type="checkbox"/> 19. Clinical/Investigational Products</p> <p><input type="checkbox"/> 20. Software/Hardware Products</p> <p><input type="checkbox"/> 21. Chemicals/Intermediates</p> <p><u>Other Organizations</u></p> <p><input type="checkbox"/> 22. Academia</p> <p><input type="checkbox"/> 23. Public Authority/Government</p> <p><input type="checkbox"/> 99. Other: _____</p>	<p><b>WHAT IS YOUR PRIMARY AREA OF EXPERTISE? (select <u>one</u>)</b></p> <p><input type="checkbox"/> A. Architect/Engineer/Construction</p> <p><input type="checkbox"/> B. Clinical/Investigational Products</p> <p><input type="checkbox"/> C. Health/Safety/Environmental</p> <p><input type="checkbox"/> D. Information Technology</p> <p><input type="checkbox"/> E. Logistics/Supply Chain Management</p> <p><input type="checkbox"/> F. Maintenance</p> <p><input type="checkbox"/> G. Operations/Manufacturing</p> <p><input type="checkbox"/> H. Process Control/Automation</p> <p><input type="checkbox"/> I. Process Development/Technology Transfer</p> <p><input type="checkbox"/> J. Project Management</p> <p><input type="checkbox"/> K. Quality Assurance/Control</p> <p><input type="checkbox"/> L. Regulatory/Compliance</p> <p><input type="checkbox"/> M. Research and Development</p> <p><input type="checkbox"/> N. Sales/Marketing/Business Development</p> <p><input type="checkbox"/> O. Technical Services/Product Support</p> <p><input type="checkbox"/> P. Training</p> <p><input type="checkbox"/> Q. Validation/Qualification/Commissioning</p> <p><input type="checkbox"/> ZZ. Other: _____</p>	<p><b>WHAT ARE YOUR INTEREST AREAS? (select <u>all that apply</u>)</b></p> <p><input type="checkbox"/> A. Active Pharmaceutical Ingredients</p> <p><input type="checkbox"/> B. Biotechnology</p> <p><input type="checkbox"/> C. Commissioning and Qualification</p> <p><input type="checkbox"/> D. Containment</p> <p><input type="checkbox"/> E. Critical Utilities</p> <p><input type="checkbox"/> F. Disposables</p> <p><input type="checkbox"/> G. Engineering Standards Benchmarking</p> <p><input type="checkbox"/> H. Good Automated Manufacturing Practices (GAMP)</p> <p><input type="checkbox"/> I. Heating, Ventilation, Air Conditioning (HVAC)</p> <p><input type="checkbox"/> J. Investigational Products</p> <p><input type="checkbox"/> K. Packaging</p> <p><input type="checkbox"/> L. Process Analytical Technology</p> <p><input type="checkbox"/> M. Process/Product Development</p> <p><input type="checkbox"/> N. Project Management</p> <p><input type="checkbox"/> O. Sterile Products Processing</p> <p><input type="checkbox"/> P. Sustainable Facilities</p> <p><input type="checkbox"/> Q. Certified Pharmaceutical Industry Professional™</p> <p><input type="checkbox"/> R. Good Control Laboratory Practices</p> <p><input type="checkbox"/> S. Oral Solid Dosage</p> <p><input type="checkbox"/> T. Operations Management</p> <p><input type="checkbox"/> Z. Other: _____</p>
	<p><b>YEARS IN INDUSTRY</b></p> <p><input type="checkbox"/> 1 - 4                      <input type="checkbox"/> 5 - 14</p> <p><input type="checkbox"/> 15 - 19                    <input type="checkbox"/> 20 and more years</p>	
	<p><b>AGE RANGE</b></p> <p><input type="checkbox"/> 25 and under            <input type="checkbox"/> 46 – 55</p> <p><input type="checkbox"/> 26 – 35                    <input type="checkbox"/> 56 - 65</p> <p><input type="checkbox"/> 36 – 45                    <input type="checkbox"/> 66 and above</p>	<p><b>I WOULD LIKE TO RECEIVE EMAILS FROM:</b></p> <p><input type="checkbox"/> ISPE International and regional offices</p> <p><input type="checkbox"/> My ISPE Affiliate or Chapter (designate below)</p> <p><input type="checkbox"/> ISPE strategic partners (ISPE will never sell your email address)</p>

**LOCAL AFFILIATES / CHAPTERS (select one)**

Network with industry professionals and regulators in your region and attend local events with your complimentary membership in an ISPE Affiliate or Chapter. Visit [www.ISPE.org/Affiliates\\_Chapters](http://www.ISPE.org/Affiliates_Chapters) for more information.

<p><input type="checkbox"/> Argentina</p> <p>Australasia (select one Chapter)</p> <p><input type="checkbox"/> Brisbane</p> <p><input type="checkbox"/> Melbourne</p> <p><input type="checkbox"/> New Zealand</p> <p><input type="checkbox"/> Sydney</p> <p><input type="checkbox"/> Belgium</p> <p><input type="checkbox"/> Brazil</p> <p><input type="checkbox"/> Central Canada</p> <p><input type="checkbox"/> China (under development)</p> <p><input type="checkbox"/> Czech Republic/Slovakia</p> <p><input type="checkbox"/> France</p> <p><input type="checkbox"/> Germany/Austria/Switzerland</p> <p><input type="checkbox"/> India</p> <p><input type="checkbox"/> Indonesia</p> <p><input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Italy</p> <p><input type="checkbox"/> Japan</p> <p><input type="checkbox"/> Korea, Republic of</p> <p><input type="checkbox"/> The Netherlands</p> <p><input type="checkbox"/> Nordic (Sweden, Denmark, Norway, Finland, and Iceland)</p> <p><input type="checkbox"/> Philippines</p> <p><input type="checkbox"/> Poland</p> <p><input type="checkbox"/> Singapore</p> <p><input type="checkbox"/> Spain</p>	<p><input type="checkbox"/> Thailand</p> <p><input type="checkbox"/> Turkey</p> <p>United Kingdom (select one Region)</p> <p><input type="checkbox"/> Central</p> <p><input type="checkbox"/> North East</p> <p><input type="checkbox"/> North West</p> <p><input type="checkbox"/> Scotland</p> <p><input type="checkbox"/> Southern</p> <p>United States (select one Chapter)</p> <p><input type="checkbox"/> Boston Area (Eastern and Central Massachusetts, Maine, and New Hampshire)</p> <p><input type="checkbox"/> Carolina-South Atlantic (North and South Carolina, Georgia, Florida, Alabama, and Tennessee)</p> <p><input type="checkbox"/> Chesapeake Bay Area (Maryland, Washington DC, and Northern Virginia)</p> <p><input type="checkbox"/> Delaware Valley (Eastern Pennsylvania, Southern New Jersey, and Delaware)</p> <p><input type="checkbox"/> Great Lakes (Ohio, Indiana, Illinois, Michigan, Wisconsin, and Kentucky)</p> <p><input type="checkbox"/> Greater Los Angeles (Los Angeles, Orange, Ventura, and Riverside Counties)</p> <p><input type="checkbox"/> Midwest (Missouri, Kansas, Nebraska, Iowa, and Minnesota)</p> <p><input type="checkbox"/> New England (Connecticut, Western Massachusetts, Rhode Island, Upstate New York, and Vermont)</p> <p><input type="checkbox"/> New Jersey (New Jersey, New York, and Northeastern Pennsylvania)</p> <p><input type="checkbox"/> Pacific Northwest (Washington and Oregon)</p> <p><input type="checkbox"/> Puerto Rico</p> <p><input type="checkbox"/> Rocky Mountain (Colorado and Utah)</p> <p><input type="checkbox"/> San Diego (San Diego North to South Orange County)</p> <p><input type="checkbox"/> San Francisco Bay Area (Northern California)</p> <p><input type="checkbox"/> South Central (Texas, Oklahoma, and Louisiana)</p>	<p><input type="checkbox"/> I do not elect Affiliate/Chapter membership</p> <p><input type="checkbox"/> There is not an Affiliate/Chapter in my area</p>
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