MEMBERSHIP RENEWAL FORM

Renew online at www.ISPE.org/Join

MEMBER INFORMATION

Please Print Clearly – Bolded Items Are REQUIRED

MEMBER ID#: _____

Prefix:	First Name:	Middle Initial:	Last Name:
Informal Name:	Gender: ☐ Female ☐ Male		Job/Occupation Title:
Company Name / Organization:			

PRIMARY CONTACT INFORMATION

☐ Business ☐ Home

Street Address:		
P.O. Box:		Apartment/Suite/Mail Stop:
City or Suburb:	State/ Province:	Zip+4 / Postcode:
Country:	Telephone:	Fax:
Email Address:		Mobile:

ALTERNATE CONTACT INFORMATION

☐ Business ☐ Home

Street Address:		
P.O. Box:		Apartment/Suite/Mail Stop:
City or Suburb:	State / Province:	Zip+4 / Postcode:
Country:	Telephone:	Fax:
Personal Email address: *(Help us keep in touch with you no matter where you are)*		Alma Mater:

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 Applications, visit www.ISPE.org/Join.

☐ Industry Members: Individuals engaged in pharmaceutical science, engineering or technology.
€189*

☐ Academic Members: Individuals employed full-time in an educational institution within pharmaceutical science, engineering or technology. Online access only to *Pharmaceutical Engineering* magazine.
€95*

☐ Emerging Economy Members: Individuals engaged in pharmaceutical science, engineering or technology, residing in an emerging economy country (see www.ispe.org/emerging-economy-countries for eligibility). Online access only to *Pharmaceutical Engineering* magazine.
Tier 2 Countries €95 Tier 3 Countries €60*

*Contact Member Services for assistance in changing Membership Categories, www.ispe.org/2013-membership-dues **for Tiers**

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: _____

Send by Mail or Fax:

ISPE European Office
Avenue de Tervueren, 300
B-1150 Brussels, Belgium
Tel: +32-2-743-4422
Fax: +32-2-743-1550
Email: ispe@associationhq.com

Wiring Instructions

ING Belgium

ISPE Acct # 310-1270428-08
SWIFT ID BBRUBEBB
IBAN # BE63 3101 2704 2808

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 and the ISPE Member Code of Conduct.

Applicant's Signature: _____ Date: _____

$60/€60 ($15/€15 for discounted memberships) of your dues is allocated to your subscription to Pharmaceutical Engineering magazine both print and digital editions (discounted memberships digital only). Members may not deduct the subscription price from dues.

* Prices good through 31 December 2013; after 31 December 2013, please contact ISPE for current rates.

Continue on other side →

Full Name: _____

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WHAT IS YOUR PRIMARY COMPANY TYPE? *(select only one)*

Manufacturer/Operating
- ☐ 1. Traditional Pharmaceuticals
- ☐ 2. Biopharmaceuticals/Biotechnology
- ☐ 3. Contract
- ☐ 4. Generic
- ☐ 5. Veterinary Medicine
- ☐ 6. Medical Devices/Diagnostics
- ☐ 7. Bulk/API
- ☐ 8. Cosmetics
- ☐ 9. Food/Nutraceuticals

Service Provider
- ☐ 10. Engineering/Architecture
- ☐ 11. Consulting
- ☐ 12. Validation/Qualification/Commissioning
- ☐ 13. CRO – Clinical or Contract Research
- ☐ 14. Construction Services Contractor
- ☐ 15. Facilities/Equipment Maintenance
- ☐ 16. IT/Computer Services

Supplier
- ☐ 17. Equipment/Components
- ☐ 18. Packaging Materials
- ☐ 19. Clinical/Investigational Products
- ☐ 20. Software/Hardware Products
- ☐ 21. Chemicals/Intermediates

Other Organizations
- ☐ 22. Academia
- ☐ 23. Public Authority/Government
- ☐ 99. Other: _____

WHAT IS YOUR PRIMARY AREA OF EXPERTISE? *(select only one)*

- ❒ A. Architect/Engineer/Construction
- ❒ B. Clinical/Investigational Products
- ❒ C. Health/Safety/Environmental
- ❒ D. Information Technology
- ❒ E. Logistics/Supply Chain Management
- ❒ F. Maintenance
- ❒ G. Operations/Manufacturing
- ❒ H. Process Control/Automation
- ❒ I. Process Development/Technology Transfer
- ❒ J. Project Management
- ❒ K. Quality Assurance/Control
- ❒ L. Regulatory/Compliance
- ❒ M. Research and Development
- ❒ N. Sales/Marketing/Business Development
- ❒ O. Technical Services/Product Support
- ❒ P. Training
- ❒ Q. Validation/Qualification/Commissioning
- ❒ ZZ. Other: _____

YEARS IN INDUSTRY

☐ 0 - 4 ☐ 5 – 9 ☐ 10-14
☐ 15-19 ☐ 20+

AGE RANGE

☐ 25 and under ☐ 46 – 55
☐ 26 – 35 ☐ 56 - 65
☐ 36 – 45 ☐ 66 and above

WHAT ARE YOUR INTEREST AREAS? *(select all that apply)*

- ❒ A. Active Pharmaceutical Ingredients
- ❒ B. Biotechnology
- ❒ C. Commissioning and Qualification
- ❒ D. Containment
- ❒ E. Critical Utilities
- ❒ F. Disposables
- ❒ G. Engineering Standards Benchmarking
- ❒ H. Good Automated Manufacturing Practices (GAMP)
- ❒ I. Heating, Ventilation, Air Conditioning (HVAC)
- ❒ J. Investigational Products
- ❒ K. Packaging
- ❒ L. Process Analytical Technology
- ❒ M. Process/Product Development
- ❒ N. Project Management
- ❒ O. Sterile Products Processing
- ❒ P. Sustainable Facilities
- ❒ Q. Certified Pharmaceutical Industry Professional™
- ❒ R. Good Control Laboratory Practices
- ❒ S. Oral Solid Dosage
- ❒ T. Operations Management
- ❒ U. GMP's Good Manufacturing Practice
- ❒ V. ISPE Career Discussions
- ❒ Z. Other:_____

I DO NOT WANT TO RECEIVE COMMUNICATIONS FROM:

- ❒ ISPE International and regional offices
- ❒ My ISPE Affiliate or Chapter (designate below)
- ❒ I wish to keep my data confidential (This will exclude you from Conference Attendee Listing, Member Directory, and Exhibitor List)

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 for more information.

- ☐ Argentina
- Australasia (select one Chapter)
  - ☐ Adelaide
  - ☐ Brisbane
  - ☐ Melbourne
  - ☐ New Zealand
  - ☐ Sydney
- ☐ Belgium
- ☐ Brazil
- ☐ Central Canada
- ☐ China (under development)
- ☐ Czech Republic/Slovakia
- ☐ France
- ☐ Germany/Austria/Switzerland
- ☐ India
  - ☐ Ahmedabad
  - ☐ Bangalore
  - ☐ Hyderabad
- ☐ Indonesia
- ☐ Ireland
- ☐ Italy
- ☐ Japan
- ☐ Korea, Republic of
- ☐ Malaysia
- ☐ The Netherlands
- ☐ Nordic (Sweden, Denmark, Norway, Finland, and Iceland)
- ☐ Philippines
- ☐ Poland
- ☐ Singapore
- ☐ Spain
- ☐ Thailand
- ☐ Turkey
- United Kingdom (select one Region)
  - ☐ Central
  - ☐ North East
  - ☐ North West
  - ☐ Southern
- United States (select one Chapter)
  - ☐ Boston Area (Eastern and Central Massachusetts, Maine, and New Hampshire)
  - ☐ Carolina-South Atlantic (North and South Carolina, Georgia, Florida, Alabama, and Tennessee)
  - ☐ Chesapeake Bay Area (Maryland, Washington DC, and Northern Virginia)
  - ☐ Delaware Valley (Eastern Pennsylvania, Southern New Jersey, and Delaware)
  - ☐ Great Lakes (Ohio, Indiana, Illinois, Michigan, Wisconsin, and Kentucky)
  - ☐ Greater Los Angeles Area (Los Angeles, Orange, Ventura, and Riverside Counties)
  - ☐ Midwest (Missouri, Kansas, Nebraska, Iowa, and Minnesota)
  - ☐ New England (Connecticut, Western Massachusetts, Rhode Island, Upstate New York, and Vermont)
  - ☐ New Jersey (New Jersey, New York, and Northeastern Pennsylvania)
  - ☐ Pacific Northwest (Washington and Oregon)
  - ☐ Puerto Rico
  - ☐ Rocky Mountain (Colorado and Utah)
  - ☐ San Diego (San Diego North to South Orange County)
  - ☐ San Francisco/Bay Area (Northern California)
  - ☐ South Central (Texas, Oklahoma, and Louisiana)

☐ I do not elect Affiliate/Chapter membership
☐ There is not an Affiliate/Chapter in my area