Young Professional Membership Application

Contact Information

Prefix _____ *Full Name _____

Informal Name _____ *Job / Occupation Title _____

*Company Name / Organization _____

***PRIMARY MAILING ADDRESS:** ❒ Home ❒ Work

*Street _____ *Apartment/Suite/Mail Stop _____

*Post Office Box _____

*City or Suburb _____

*State / Province _____

*Country _____ * Zip + 4 / Postcode _____

*Telephone _____

FAX _____

Mobile phone _____

***EMAIL ADDRESS:** ❒ Home ❒ Work _____

ALTERNATIVE EMAIL ADDRESS: ❒ Home ❒ Work _____

*University/College Attended _____

*Date Graduated (See required documentation under "Eligibility") _____

Background Information

Optional:

❒ Male ❒ Female Date of Birth _____
MM/DD/YYYY

❒ Approximate number of years you've been working in the pharma industry _____

4 Ways to Join

1. **Online: www.ISPE.org/Join**
2. **Wire payment in:**
   - **US Dollars to:** Wells Fargo Bank NA, San Francisco, CA USA, ISPE Acct 2000027075566, ABA 121000248, SWIFT ID WFBIUS6S
   - **Euros to**: Wells Fargo Bank, N.A. London, ISPE Acct 88002097 SWIFT ID PNBPGB2L, IBAN GB42PNBP16567188002097
3. **Send by mail, fax or email to:**
   ISPE Headquarters
   600 North Westshore Blvd., Suite 900, Tampa, FL 33609-1114 USA
   FAX: +1-813-264-2816
   Email: ask@ISPE.org
4. **Call ISPE: +1-813-960-2105**

Membership Categories

All ISPE Members are entitled to vote on matters pending before the Society, hold office, and serve on committees. **Memberships are individual and not transferable to others.** For membership category descriptions, bylaws and the Regulatory Authority/Government, Young Professional and Student Membership Applications, visit www.ISPE.org/Join.

❒ **Young Professionals Members: $117 / €97****

Individuals just starting in the industry, one to four years after graduation. Documentation of graduation status must be received within 10 business days of joining in order to retain active membership. (See "Eligibility" below for approved forms of documentation.)

**** Contact Member Services for assistance in changing Membership Categories.**

Eligibility

Application Checklist:	Acceptable Proof of Graduation:
❒ Fully completed and signed membership application ❒ Payment ❒ Proof of Graduation	• Copy of Final Transcript • Copy of Diploma

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 Codes of Conduct (see www.ISPE.org/codes-of-conduct).

***Applicant's Signature** _____ *Date _____

Referring Member Name _____ **ID Number** _____

Payment

❒ Check enclosed payable to ISPE _____ for $_____ (drawn on a U.S. bank)

❒ Please charge _____ to my: ❒ VISA ❒ MasterCard ❒ AMEX
AMOUNT

Card Number _____

Expiration Date _____ Security Code _____

Name of Cardholder (as it appears on card) _____

Signature (required) _____

Purchase orders cannot be accepted. FEI 59-2009272.

Prices good through 31 December 2016; after that, please contact ISPE for current rates.

*Required field

$79/€79 ($33/€33 for non-industry memberships) of your dues is allocated to *Pharmaceutical Engineering* magazine—both printed and digital editions (discounted memberships receive digital only). Members may not deduct the subscription price from dues.

PLEASE CONTINUE ON NEXT PAGE

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PRIMARY JOB FUNCTION/ROLE
(Select only one)

- ❒ A. Architect/Engineer/Construction
- ❒ B. Clinical Materials/Investigational Products
- ❒ C. Procurement/Buyer/Planners
- ❒ D. Health/Safety/Environmental
- ❒ E. Knowledge Management
- ❒ F. Operations/Plant Mechanics (electric, utilities, HVAC)/Facilities/Maintenance Planning
- ❒ G. Process Control/Automation
- ❒ H. Project Management
- ❒ I. QA/QC/Regulatory Compliance
- ❒ J. Research and Development/Technology Transfer/Process Development
- ❒ K. Sales/Marketing
- ❒ L. Statistician
- ❒ M. Technical Services/Product Support/ Information Systems
- ❒ N. Validation/Qualification/Commissioning
- ❒ O. Supply Chain Management/Warehouse Operations/Logistics Planning
- ❒ P. Retired
- ❒ Q. Student
- ❒ R. Unemployed
- ❒ ZZ. Other:_____

PRIMARY COMPANY TYPE
(Select only one)

- ❒ 1. API/Excipient Supplier/Distributor
- ❒ 2. Contract Manufacturer
- ❒ 3. Cosmetics, Nutraceuticals, Food Manufacturer
- ❒ 4. CROs/Clinical Materials/Investigational Products
- ❒ 5. Educational or Government Entity/ Libraries
- ❒ 6. Engineering/Architecture/Construction
- ❒ 7. Equipment/Material Supplier
- ❒ 8. Generics Manufacturer
- ❒ 9. Laboratory Services
- ❒ 10. Medical Devices/Diagnostic Manufacturer
- ❒ 11. Pharmaceutical/Biotech Manufacturer (Not CMO)
- ❒ 12. Service Provider/Consulting
- ❒ 13. Veterinary Medicine
- ❒ 99. Other:_____

LEVEL OF RESPONSIBILITY *(Select only one)*

- ❒ A. CEO/President/Owner/General Mgr
- ❒ B. Vice President/Chief Officer
- ❒ C. Director/Division Mgr/Senior Mgr
- ❒ D. Manager/Section Head/Supervisor
- ❒ E. Team Lead/Operator/Technician/Staff
- ❒ F. Dean/Professor/Educator
- ❒ G. Student/Post-Doctoral Fellow
- ❒ H. Retired
- ❒ ZZ. Other:_____

TECHNICAL COMMUNITIES OF INTEREST
(You will be enrolled in an ISPE Community of Practice related to your interest(s). Select all that apply.)

- ❒ A. Active Pharmaceutical Ingredients
- ❒ B. Biotechnology
- ❒ C. Commissioning and Qualification
- ❒ D. Containment
- ❒ E. Critical Utilities
- ❒ F. Disposables
- ❒ G. Good Automated Manufacturing Practices (GAMP)
- ❒ H. Heating, Ventilation and Air Conditioning (HVAC)/Sustainable Facilities
- ❒ I. Investigational Products
- ❒ J. Operations Management
- ❒ K. Oral Solid Dosage
- ❒ L. Packaging
- ❒ M. Process Analytical Technology
- ❒ N. Process/Product Development
- ❒ O. Project Management
- ❒ P. Sterile Products Processing

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 the Conference Attendee Listing, Member Directory and Exhibitor List)

LOCAL AFFILIATES / CHAPTERS *(Select only 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
- ❒ 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 (Massachusetts, Maine, New Hampshire, Rhode Island, Vermont, Connecticut, Upstate New York)
- ❒ 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 Jersey (New Jersey, New York, and Northeastern Pennsylvania)
- ❒ Pacific Northwest (Washington and Oregon)
- ❒ 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 no Affiliate/Chapter in my area