



MEMBERSHIP RENEWAL FORM

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MEMBER INFORMATION			Please Print Clearly – Bolded Items Are REQUIRED			MEMBER ID#: _____		
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:						Mobile:		
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:		
Personal Email address: <i>(Help us keep in touch with you no matter where you are)</i>						Alma Mater:		
MEMBERSHIP CATEGORIES* AND PAYMENT INFORMATION								
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<input type="checkbox"/> Industry Members: <u>Individuals</u> engaged in pharmaceutical science, engineering or technology. €170*								
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Card Number: _____						Exp. Date: _____		
Name of Cardholder (as it appears on credit card): _____								
Cardholder Signature: _____								
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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: _____								
**€60 (€15 for discounted memberships) of your dues is allocated to your subscription to <i>Pharmaceutical Engineering</i> magazine. Members may not deduct the subscription price from dues.								
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<p>WHAT IS YOUR PRIMARY COMPANY TYPE? (select only <u>one</u>)</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>WHAT IS YOUR PRIMARY AREA OF EXPERTISE? (select only <u>one</u>)</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> <hr/> <p>YEARS IN INDUSTRY</p> <p><input type="checkbox"/> 0 - 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10-14</p> <p><input type="checkbox"/> 15-19 <input type="checkbox"/> 20+</p> <hr/> <p>AGE RANGE</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>WHAT ARE YOUR INTEREST AREAS? (select <u>all that apply</u>)</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"/> U. GMP's Good Manufacturing Practice</p> <p><input type="checkbox"/> V. ISPE Career Discussions</p> <p><input type="checkbox"/> Z. Other: _____</p> <hr/> <p>I DO <u>NOT</u> WANT TO RECEIVE COMMUNICATIONS FROM:</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"/> I wish to keep my data confidential (This will exclude you from Conference Attendee Listing, Member Directory, and Exhibitor List)</p>
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