



MWSQA
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MEMBERSHIP REGISTRATION FORM
(The 2010 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			<input type="checkbox"/>	
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:

Please use the same payment method indicated on my 2010 SQA Membership Dues Invoice.

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: _____