



Connecting People, Science and Regulation*

PDA Membership Application

Contact Information Home Contact Information Work Contact Information

Are you a renewing PDA member?

Yes, please enter your PDA ID Number _____

No

Mr. Mrs. Ms.

Dr. Prof.

Name (first, middle initial, last)

Organization Name

Job Title

Mailing Address

City

State/Province

ZIP+4/Postal Code

Country

Telephone

Email (NOTE: Your email address will become your username for your PDA login)

Fax

I do / I do **NOT** consent to receive periodic promotional communications from PDA and my local PDA chapter (where applicable). For more information on our privacy policy, please visit pda.org/privacy-policy

Tell Us About Your Interests

The following information will be used to help PDA develop programs and resources appropriate for your professional needs (select all that apply).

1. Specialty Area/Areas of Interest

- Biotech
- Blow/Fill/Seal
- Clinical Trial Materials
- Combination Products
- Facilities and Engineering
- Filtration
- Flexible Container
- Inspection Trends
- Lyophilization
- Microbiology/Environmental Monitoring
- Packaging Science, Container Development
- Pharmaceutical Cold Chain
- Pharmaceutical Water Systems
- Prefilled Syringes
- Process Validation
- Quality Risk Management
- Quality Systems
- Regulatory Affairs
- Sterile Processing
- Supply Chain Management
- Technology Transfer
- Vaccines
- Visual Inspection of Parenterals
- Other (Specify _____)

2. Department

- Biochemistry
- Biology
- Chemistry
- Clinical Trials and Biostatistics
- Compliance
- Engineering
- Executive Management
- Human Resources
- Information Technology
- Legal
- Manufacturing
- Marketing
- Microbiology
- Development
- Quality
- Regulatory Affairs
- Research
- Sales
- Technical Operations
- Training
- Validation
- Other (Specify _____)

3. Job Position

- Account Manager; Sales Representative
- Auditor; Inspector; Investigator; Reviewer
- Biologist; Microbiologist; Virologist
- Consultant
- Dean; Provost; Professor
- Director (All)
- Engineer (All)
- Executive; Chairman; President; CEO; COO; GM; Managing Director; Center Director
- Hospital Pharmacist
- Manager; Leader; Supervisor; Branch Chief
- Operator; Technician
- Pharmacist
- Product Manager
- Purchaser
- Qualified Person; Registered Authorized Person
- Recruiter/HR Manager
- Scientist; Researcher
- Site Head/Plant Manager
- Student; Fellow
- Vice President; Department/Sector Head; Chief Scientific Officer; Office Director



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PDA Membership Application

Buy One Get One Membership Promotion and Payment Options

Campaign Offer Expires: 10/31/2018
2 Year – (Buy One Get One) Pay \$279.00

Federal Tax I.D. #52-1906152

Please indicate your payment method. (See delivery options below.)

A. Credit Card – Please check the appropriate box: American Express Discover MasterCard VISA

Name (exactly as it appears on card)

Signature

Account Number

Exp. Date

/

Coupon Code **BOGO2018**

Credit Card Billing Address

Address Line 1

City

State

ZIP+4/Postal Code

Country

B. Check – Forward the check with the application form: Payable to PDA in US Dollars (\$USD) and payable via a US Bank.

C. Pro-forma Invoice – Please check the box to request a PRO-FORMA INVOICE from PDA to process your company payment.

Privacy Statement

PDA and its affiliated chapters do not rent or sell its mailing lists and will not share your information with anyone without your consent as outlined in our Privacy Policy, which can be found at pda.org/privacy-policy.

Please provide your consent below:

I do / I do **NOT** consent to be included in the PDA Membership Directory.

I do / I do **NOT** consent to sharing my contact information with my local PDA chapter (where applicable).

Certification and Agreement

I hereby apply for PDA membership and certify that the statements above are true.

Signature

Date

Return Completed Form via One of the Following Delivery Methods:

Email:

Tel: US +1 (301) 656-5900

Tel: Europe +49 30 436 55 08-0 or -10

Email: Membership@pda.org

Mail:

PDA

P. O. Box 79465

Baltimore, MD 21279-0465 USA

Express/Overnight Deliveries:

PDA

4350 East West Highway

Suite 600

Bethesda, MD 20814

Fax Credit Card Payment

Information:

+1 (301) 986-1361

Membership is individual based, non-refundable and non-transferable.