



MEMBER INFORMATION			
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 (required):		Mobile (optional):	
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:	
Email address:		Alma Mater:	
<input type="checkbox"/> I wish to keep my data confidential and only used by ISPE and its local Affiliates and Chapters.		<input type="checkbox"/> I DO NOT wish to be included in the Membership Directory or Conference Attendee listings.	
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/membership .			
<input type="checkbox"/> Industry Members: <u>Individuals</u> engaged in pharmaceutical science, engineering or technology. \$215* (Renewal rate is \$175 when received by membership expiration date.)		<div style="border: 1px solid black; padding: 5px;"> <p align="center">Send by Mail or Fax:</p> <p align="center">ISPE Headquarters 3109 W. Dr. Martin Luther King Jr. Blvd., Suite 250 Tampa, Florida 33607 USA Tel: +1-813-960-2105 Fax: +1-813-264-2816 Email: memberservices@ispe.org</p> <p align="center">ISPE Asia Pacific Office 73 Bukit Timah Road #04-01 Rex House Singapore 229832 Tel: +65-6496-5502 Fax: +65-6336-6449 Email: asiapacific@ispe.org</p> <p align="center">China Office Suite 2302, Wise Logic International Centre 66 North Shan Xi Road Shanghai, China 200041 Tel: +86-21-5116-0265 Fax: +86-21-5116-0260 Email: china@ispe.org</p> </div>	
<input type="checkbox"/> Academic Members: <u>Individuals</u> employed full-time in an educational institution within pharmaceutical science, engineering or technology. \$50*			
<input type="checkbox"/> Emerging Economy Members: <u>Individuals</u> engaged in pharmaceutical science, engineering or technology, residing in an emerging economy country (www.ISPE.org/emergingeconomylist for eligibility). Online access only to <i>Pharmaceutical Engineering</i> magazine. \$50*			
Payment or credit card required. Purchase orders will not be accepted. FEI #59-2009272 <input type="checkbox"/> Check enclosed payable to ISPE # _____ in the amount of \$ _____ (drawn on US bank) <input type="checkbox"/> Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX Card Number: _____ Exp. Date: _____ Name of Cardholder (as it appears on credit card): _____ Cardholder Signature: _____			
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: _____ Referring Member Name: _____ ID# _____			
<small>*\$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. Prices good through 31 December 2010; after 31 December 2010, please contact ISPE for current rates. </small>			



<p>WHAT IS YOUR PRIMARY COMPANY TYPE? (select one)</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 one)</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>	<p>WHAT ARE YOUR INTEREST AREAS? (select all that apply)</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"/> Z. Other: _____</p>
	<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>	
	<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>I WOULD LIKE TO RECEIVE EMAILS 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"/> ISPE strategic partners (ISPE will never sell your email address)</p>

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.

<p><input type="checkbox"/> Argentina</p> <p>Australasia (select one Chapter)</p> <p><input type="checkbox"/> Brisbane</p> <p><input type="checkbox"/> Melbourne</p> <p><input type="checkbox"/> New Zealand</p> <p><input type="checkbox"/> Sydney</p> <p><input type="checkbox"/> Belgium</p> <p><input type="checkbox"/> Brazil</p> <p><input type="checkbox"/> Central Canada</p> <p><input type="checkbox"/> China (under development)</p> <p><input type="checkbox"/> Czech Republic/Slovakia</p> <p><input type="checkbox"/> France</p> <p><input type="checkbox"/> Germany/Austria/Switzerland</p> <p><input type="checkbox"/> India</p> <p><input type="checkbox"/> Indonesia</p> <p><input type="checkbox"/> Ireland</p> <p><input type="checkbox"/> Italy</p> <p><input type="checkbox"/> Japan</p> <p><input type="checkbox"/> Korea, Republic of</p> <p><input type="checkbox"/> The Netherlands</p> <p><input type="checkbox"/> Nordic (Sweden, Denmark, Norway, Finland, and Iceland)</p> <p><input type="checkbox"/> Philippines</p> <p><input type="checkbox"/> Poland</p> <p><input type="checkbox"/> Singapore</p> <p><input type="checkbox"/> Spain</p>	<p><input type="checkbox"/> Thailand</p> <p><input type="checkbox"/> Turkey</p> <p>United Kingdom (select one Region)</p> <p><input type="checkbox"/> Central</p> <p><input type="checkbox"/> North East</p> <p><input type="checkbox"/> North West</p> <p><input type="checkbox"/> Scottish</p> <p><input type="checkbox"/> Southern</p> <p>United States (select one Chapter)</p> <p><input type="checkbox"/> Boston Area (Eastern and Central Massachusetts, Maine, and New Hampshire)</p> <p><input type="checkbox"/> Carolina-South Atlantic (North and South Carolina, Georgia, Florida, Alabama, and Tennessee)</p> <p><input type="checkbox"/> Chesapeake Bay Area (Maryland, Washington DC, and Northern Virginia)</p> <p><input type="checkbox"/> Delaware Valley (Eastern Pennsylvania, Southern New Jersey, and Delaware)</p> <p><input type="checkbox"/> Great Lakes (Ohio, Indiana, Illinois, Michigan, Wisconsin, and Kentucky)</p> <p><input type="checkbox"/> Greater Los Angeles Area (Los Angeles, Orange, Ventura, and Riverside Counties)</p> <p><input type="checkbox"/> Midwest (Missouri, Kansas, Nebraska, Iowa, and Minnesota)</p> <p><input type="checkbox"/> New England (Connecticut, Western Massachusetts, Rhode Island, Upstate New York, and Vermont)</p> <p><input type="checkbox"/> New Jersey (New Jersey, New York, and Northeastern Pennsylvania)</p> <p><input type="checkbox"/> Pacific Northwest (Washington and Oregon)</p> <p><input type="checkbox"/> Puerto Rico</p> <p><input type="checkbox"/> Rocky Mountain (Colorado and Utah)</p> <p><input type="checkbox"/> San Diego (San Diego North to South Orange County)</p> <p><input type="checkbox"/> San Francisco/Bay Area (Northern California)</p> <p><input type="checkbox"/> South Central (Texas, Oklahoma, and Louisiana)</p>	<p><input type="checkbox"/> I do not elect Affiliate/Chapter membership</p> <p><input type="checkbox"/> There is not an Affiliate/Chapter in my area</p>
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