



## 2009 NERCSQA Membership Registration and Member Renewal Form

2009 Membership Dues for January through December 2009 (Please check one)

- Professional: \$25 A voting member with discounted training rates.  
 Full-time Student: \$15 A voting member with discounted training rates.

**Please complete the following information. Please be sure to inform us of any changes.**

Dr.  Mr.  Mrs.  Ms.  Miss

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

NERCSQA Membership Status:  Renewal  New Member

How would you prefer to receive the following NERCSQA information?

Membership Acknowledgement	<input type="checkbox"/> E-mail	<input type="checkbox"/> US Mail	Membership Directory	<input type="checkbox"/> E-mail	<input type="checkbox"/> US Mail
Newsletter	<input type="checkbox"/> E-mail	<input type="checkbox"/> US Mail	Other NERCSQA Info	<input type="checkbox"/> E-mail	<input type="checkbox"/> US Mail
Meeting Notices	<input type="checkbox"/> E-mail	<input type="checkbox"/> US Mail			

Would you like to be included in the NERCSQA membership directory this year?  Yes  No

If yes, is there any information you want excluded?  Address  Phone / Fax  Email

### METHOD OF PAYMENT:

Enclosed is my check made payable to NERCSQA.

Charge to the following credit card (circle one): MasterCard VISA AMEX

Card Number: \_\_\_\_\_ Code: \_\_\_\_\_

Please include bank card code (3 or 4 digit code) located on back of card.

Exp. Date \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Cardholder Name as it Appears on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Please complete this form and return it with payment to **NERCSQA** to the following address:

NERCSQA  
2365 Hunters Way  
Charlottesville, VA 22911

**Membership applicants are responsible for paying any fees incurred as the result of bad checks. Failure to do so will result in NERCSQA regretfully having to rescind membership.**

**(Please Complete the Chapter Survey on opposite side)**



Years of QA experience: \_\_\_\_\_

Regulatory experience(s):  FDA  EPA  ICH  USDA  
 OECD  ISO  MHW  Other: \_\_\_\_\_

Applicable regulations:  GLP  GCP  GMP  CVM  
 21 CFR Part 11  Other: \_\_\_\_\_

Indicate National SQA membership:  Active  Affiliate  Emeritus  None

Indicate other regional chapter membership (if any): \_\_\_\_\_

Have you ever attended a National SQA meeting?  Yes  No

Indicate other professional affiliations: \_\_\_\_\_

**Educational topics of interest to you:**

Basic Training Course(s):  GLP  GMP  GCP  
 Computer validation  Site Visits  Auditing  
 Agency Audits  Target Animal Studies

Specialty Training Areas: \_\_\_\_\_

Please indicate topics or issues that you would like to be considered for future trainings:

\_\_\_\_\_

Preferable location(s) and timing for NERCSQA meetings: \_\_\_\_\_

\_\_\_\_\_

Would you / your company / affiliation be willing to sponsor / host a future NERCSQA meeting or training session?  Yes  No

Topic for training: \_\_\_\_\_

Would you be interested in becoming a member of any of the following NERCSQA committees?

Program  Membership  Newsletter  
 Nominating  Poster  Sponsorship  
 Teller  Website

*Thank you!*