



## **Membership Registration and Member Renewal Form**

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:** \_\_\_\_\_

**Membership Status:**    Renewal    New Member

**Would you like to be included in the MARSQA membership directory?**    Yes    No

**Are you interested in serving on a committee?**

Communications    CSV    Education    Historical    Membership

Nominating    Program/Planning

**Are you interested in information about an elected position in the Chapter?**

Vice President/President/Past-Pres.    Treasurer    Secretary    Director

### **METHOD OF PAYMENT:**

**Membership Dues:** \$30.00 per membership year

**Enclosed is my check made payable to MARSQA**

*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:**    MasterCard    Visa    AMEX

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

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

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

**Please send completed form and payment to:**

**MARSQA**

154 Hansen Rd., Suite 201

Charlottesville, VA 22911

Fax: 434-977-1856



**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    None

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

**Certifications:**    RQAP-GLP    RQAP-GCP    CQA    CQIA    RAC

**Educational topics of interest to you:**

Basic Training Course(s):    GLP    GMP    GCP  
 Site Visits    Auditing    Agency Audits  
 Multi-site studies    Computer Validation

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

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

\_\_\_\_\_

**I would consider future participation in MARSQA as:**

Meeting Attendee  
 Meeting Presenter – List Topic(s) \_\_\_\_\_