



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: \$35.00 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

820 East High Street, Suite A

Charlottesville, VA 22902

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) _____