

2026 SQA Outreach Membership Application

One-Time Application Fee: \$15.00 USD with Complimentary Renewal Annually

Outreach Membership Eligibility: Applicants for Outreach membership must reside in a Low, Lower-Middle, or Upper-Middle income country as defined by the World Bank and shall demonstrate active professional involvement in research/regulatory quality assurance. **If you or your company are able to financially support an SQA membership fee, you are not eligible for Outreach Membership.**

Requirements:

- **Completed SQA Outreach Membership Application**
- **Signed SQA Code of Ethics** (on the second page of the application)
- **Copy of current resumé or curriculum vitae (CV)** that documents professional activities related to research/regulatory **quality assurance**. These activities may include employment history, active participation in professional associations, published articles, or attendance of training or educational sessions related to **quality assurance**.
- **Payment of the application fee** with complimentary membership that may be renewed each year. If your membership lapses for a year or more, you will need to apply again and pay the application fee again.

Application Review: After payment is received, all Outreach applications are reviewed by the SQA Board of Directors and take 2-3 weeks to be processed.

Contact Information

Mr. Ms.

Mx. Dr.

_____ (First/Personal Name)

_____ (Middle Initial) (Last/Family Name)

_____ (Suffix)

Personal Pronouns:

He/Him She/Her They/Them Ze/Zir Other: _____ Date of Birth: _____

Job Title/Position: _____

Company: _____

Street Address: _____

City, Post Code: _____ Country: _____

Telephone: _____ E-mail: _____

Required for SQA members-only website access

Area of Responsibility: GCP GLP GMP Pharmacovigilance Animal Welfare

Other: _____

SQA Privacy Policy

SQA does not sell or share your information with outside parties. Contact information is used to send SQA publications, announcements, and/or program information. You may update your communication preferences in your SQA website account at any time. SQA may email account information (e.g., invoices and receipts) regardless of your preferences on other types of email communications. In addition, SQA maintains a searchable member directory that is accessible through the members-only website. Visit www.sqa.org to view the entire SQA Privacy Policy and Legal Disclosure.

Please do not email publications, announcements, and/or program information to me.

Please exclude my information from the searchable members-only directory.

Form continues on the next page.

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Continued

Name: _____
(First/Personal Name) (Middle Initial) (Last/Family Name) (Suffix)

SQA Code of Ethics

Adherence to ethical standards is a key criterion in earning and preserving the trust placed in the research quality assurance profession and is a requirement for membership in SQA and participation in its activities.

I, as a member of the Society of Quality Assurance, shall:

- Maintain a high level of personal integrity and professional competence;
- Act always in a manner that reflects creditably upon my profession;
- Maintain an objective attitude towards evaluation of facilities, studies or product integrity regardless of any internal or external influences;
- Protect confidential information;
- Report findings accurately and honestly and make recommendations impartially;
- Avoid situations where my professional judgment may be compromised;
- Understand, promote and implement the laws, regulations, guidelines and standards applicable to the field of quality assurance and specifically to my position; and
- Uphold this Code of Ethics in the conduct of my duties and in my professional associations.

I certify that to the best of my knowledge all provided information is true. I understand that the documentation I submit in support of Student Membership may be verified for accuracy by the Bylaws and Ethics Committee and that inaccurate information may result in denial of Student Membership. I have read and accept the SQA Code of Ethics.

Applicant's Signature

Date

Payment Details

Remittance must be made in U.S. Dollars. A \$25.00 surcharge may be assessed to cover any collection fees.

Total Due: \$15.00 USD Application Fee — *Membership may be renewed for free annually*

Select One Payment Method:

Please send an electronic payment link to me (ACH)

Check # _____

Please send wire transfer information to me

Wire transfers are subject to an additional processing fee. For more information, please contact SQA Headquarters at sqa@sqa.org.

Credit Card: VISA MasterCard American Express

Credit Card Number: _____ Exp. Date: ____ / ____ Code: _____
Please include bank card code (3 or 4 digits on front or back of card).

Cardholder Printed Name: _____

Cardholder Email Address: _____

Cardholder Signature: _____

Please send completed application and payment to:
Society of Quality Assurance | 820 East High Street, Suite A | Charlottesville, VA 22902 USA
Tel: +1 434.297.4772 Email: sqa@sqa.org

If scanning or photographing and attaching to email, please remember to include both sides of the application.