



NERCSQA Membership Registration and Member Renewal Form

Membership Dues are for January through December (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 Date: _____

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
820 East High Street, Suite A
Charlottesville, VA 22902 USA

Membership applicants are responsible for paying any fees incurred as the result of bad checks.
Failure to do so will result in NERCSQA regrettfully 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!