



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
154 Hansen Road, Suite 201
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!