

 <p>Southern Regional Chapter - SQA</p> <p>www.southernsqa.org</p>	MEMBERSHIP APPLICATION
	<p>The Southern Regional Chapter of the SQA (SRCSQA) includes the states of Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee and Puerto Rico.</p> <p>Mission Statement: To sponsor education programs in quality assurance. To encourage interaction and promote best practices among quality assurance professionals in government, industry and academia. To serve as a focal point for quality assurance practitioners and their professional interest.</p>

Please consider joining the Southern Regional Chapter of the Society of Quality Assurance. It's easy to join -- complete the application on the reverse side and mail it with your payment. You do not have to be a member of SQA to join the chapter.

Receive the benefits of membership.....

- ◆ Training
- ◆ Mentoring
- ◆ Networking
- ◆ Low membership fee (\$25 per year)
- ◆ Inexpensive educational opportunities
- ◆ Special member pricing on training session registration
- ◆ Receive our newsletter - *The Compass*
- ◆ Chapter web page - (www.southernsqa.org)
- ◆ Chapter Outreach sessions
and much more.....

SRCSQA MEMBERSHIP APPLICATION

() New membership - Did a SRCSQA member refer you? Member's name: _____
() New member joining in conjunction with a SRCSQA training session (attach this application to the registration form)
Name: _____ Title: _____
Company: _____
Address: _____ City _____ State _____ Zip _____
Business phone: _____ FAX: _____
Home phone: _____ Email address: _____
Please indicate your newsletter delivery preference: _____ Hardcopy _____ Email (Microsoft Word) _____ Email & Hardcopy

Are you interested in serving on a SRCSQA committee?
(Circle committees): Program Membership Publications/ Newsletter Web Site
Are you interested in information about an elected position in the Chapter?
(Circle position): Vice President/President/Past-Pres. (3 yrs) Treasurer (2 yrs) Secretary (2 yrs) Director (2 yrs)
Are you a Registered Quality Assurance Professional (RQAP-GLP or ROAP-GCP)? _____ No _____ Yes
(year obtained) _____
Are you a Society of Quality Assurance member? _____ No _____ Yes - (list years) _____
Are you a member of any other regional SQA chapters?
(Circle chapters): Canadian Mid-Atlantic Midwest National Capital Area New England
N. Carolina Pacific

**The following information will be summarized in the membership directory (mailed only to SRCSQA members).
This information is optional.**

Please _____ include _____ **do not** include this information in the SRCSQA membership directory.

Brief description of company and/or services as you would like it to appear in the directory: _____

How would you classify your company? (check all that apply)

- () Chemical () Local, State, or Federal Government () Research & Develop.
() Contract facility () Manufacturing () University
() Consultant () Pharmaceutical () Other _____

Regulatory Agency (check all that apply):

- () EPA () FDA () FDA-CVM () USDA () Other _____

Regulations you work with: (check all that apply)

- () GCP () GLP () GMP () Other _____
() FIFRA () TSCA () OECD () Other _____

\$25.00 - Membership Dues Please include this form with your payment.

\$ _____ Other: _____

\$ _____ **TOTAL PAYMENT ENCLOSED**

Mail to: SRCSQA

C/O SQA
154 Hansen Road, Suite 201
Charlottesville, VA 22911 USA
Telephone: +1 434.297.4772
Facsimile: +1 434.977.1856
MAKE CHECKS PAYABLE TO: **SRCSQA**

METHOD OF PAYMENT:

Please use the same payment method indicated on my SQA Membership Dues Invoice.

Enclosed is my check made payable to SRCSQA.

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 (circle one): MasterCard VISA AMEX

Card Number: _____ Expiration Date: _____

Cardholder Signature: _____

Cardholder Name as it Appears on Card: _____

Credit Card Billing Address: _____