



# RMRCSSQA MEMBERSHIP APPLICATION

( ) New membership - Did a RMRCSSQA member refer you? Member's name: \_\_\_\_\_

( ) New member joining in conjunction with a RMRCSSQA training session (attach this application to the registration form)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Are you interested in serving on a RMRCSSQA committee?

(Circle committees): Education/Mentoring Membership Newsletter Web page Poster Scholarship

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)? \_\_\_\_\_ 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?

(Check all that apply):  Canadian  Mid-Atlantic  Midwest  National Capital Area  
 New England  N. Carolina  Pacific  Southern

***This information is optional.***

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. **First time members get \$5 off!**  
\$5.00 of the \$25.00 membership dues are dedicated to the RMRCSSQA General Scholarship Fund. Please consider donating additional funds for this or another fund of your designation:

- \$ \_\_\_\_\_ General Scholarship Fund
- \$ \_\_\_\_\_ Other: \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL PAYMENT ENCLOSED

Mail to: RMRCSSQA  
154 Hansen Rd. Suite 201  
Charlottesville, VA 22911 USA  
Tel: 434.297.4772  
Fax: 434.977.1856

Make checks payable to:  
**RMRCSSQA**

**METHOD OF PAYMENT:**

Enclosed is my check made payable to RMRCSSQA.  
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: \_\_\_\_\_