

ISPE Student Membership Application

ISPE HEADQUARTERS

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www.ispe.org

STUDENT MEMBER INFORMATION

Prefix First Full Name (no initials) Middle Initial Last Name (include suffix and/or professional designation)

Nickname / Name to be used on name badge Job / Occupation Title

University/College

Official Company Name (if applicable) Expected Date of Graduation (required)

Check Mail Preference

Permanent Address Apartment
City or Suburb State / Province Zip+4 / Postcode
Home Telephone Cell Phone (optional)
Preferred E-mail Address

Alternate Street Address Suite/Apartment
PO Box Mail Stop Code
City or Suburb State / Province Zip+4 / Postcode
Country Web Site Address
Telephone Fax
Alternate E-mail Address

INTERNATIONAL AFFILIATES (select one)

Visit www.ispe.org/CampusConnection for a current list of ISPE Student Chapters

- | | | |
|---|---|--|
| <input type="checkbox"/> Argentina | <input type="checkbox"/> Italy | United States of America (<i>check one US Chapter</i>) |
| <input type="checkbox"/> Australasia (<i>check one Chapter</i>) | <input type="checkbox"/> Japan | |
| <input type="checkbox"/> Brisbane | <input type="checkbox"/> The Netherlands | |
| <input type="checkbox"/> Melbourne | <input type="checkbox"/> Nordic (Sweden, Denmark, Norway, Finland, and Iceland) | |
| <input type="checkbox"/> New Zealand | <input type="checkbox"/> Poland | |
| <input type="checkbox"/> Sydney | <input type="checkbox"/> Singapore | |
| <input type="checkbox"/> Belgium | <input type="checkbox"/> Thailand | |
| <input type="checkbox"/> Brazil | <input type="checkbox"/> United Kingdom (<i>check one UK region</i>) | |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Central | |
| <input type="checkbox"/> Central Canada | <input type="checkbox"/> North East | |
| <input type="checkbox"/> Czech Republic/Slovakia | <input type="checkbox"/> North West | |
| <input type="checkbox"/> France | <input type="checkbox"/> Scotland | |
| <input type="checkbox"/> Germany/Austria/Switzerland | <input type="checkbox"/> Southern | |
| <input type="checkbox"/> India | <input type="checkbox"/> Turkey | |
| <input type="checkbox"/> Ireland | | |
| | <input type="checkbox"/> Boston Area (Massachusetts, Maine, and New Hampshire) | |
| | <input type="checkbox"/> Carolina-South Atlantic (North and South Carolina, Georgia, Florida, Alabama, and Tennessee) | |
| | <input type="checkbox"/> Chesapeake Bay Area (Maryland; Washington, DC; and Northern Virginia) | |
| | <input type="checkbox"/> Delaware Valley (Eastern Pennsylvania, Southern New Jersey, and Delaware) | |
| | <input type="checkbox"/> Great Lakes (Ohio, Indiana, Illinois, Michigan, Wisconsin, and Kentucky) | |
| | <input type="checkbox"/> Greater Los Angeles (Los Angeles; Orange, Ventura, and Riverside Counties) | |
| | <input type="checkbox"/> Midwest (Missouri, Kansas, Nebraska, Iowa, and Minnesota) | |
| | <input type="checkbox"/> New England (Connecticut, parts of Massachusetts, Rhode Island, Eastern New York, Vermont and New Hampshire) | |
| | <input type="checkbox"/> New Jersey (New Jersey, New York, and Northeastern Pennsylvania) | |
| | <input type="checkbox"/> Pacific Northwest (Washington and Oregon) | |
| | <input type="checkbox"/> Puerto Rico (Puerto Rico) | |
| | <input type="checkbox"/> Rocky Mountain (Colorado, Utah) | |
| | <input type="checkbox"/> San Diego (San Diego north to south Orange County) | |
| | <input type="checkbox"/> San Francisco Bay Area (Northern California) | |
| | <input type="checkbox"/> South Central (Texas, Oklahoma, and Louisiana) | |

(over)

ISPE Student Membership Application (continued)

COMPANY'S PRIMARY BUSINESS CATEGORY (select one)

- | | | |
|---|--|--|
| <input type="checkbox"/> A. Pharmaceutical Integrated Mfr | <input type="checkbox"/> H. Bulk Chemical Manufacturer | <input type="checkbox"/> N. Equipment Distributor/Rep. |
| <input type="checkbox"/> B. Pharmaceutical Contract Mfr | <input type="checkbox"/> I. Architect/Eng Consulting | <input type="checkbox"/> O. Manufacturing Supplies/Raw Materials |
| <input type="checkbox"/> C. Pharmaceutical Generic Mfr | <input type="checkbox"/> J. Construction Management | <input type="checkbox"/> P. Facilities and Maintenance Services |
| <input type="checkbox"/> D. Biopharmaceuticals | <input type="checkbox"/> K. Construction Contractor | <input type="checkbox"/> Q. Packaging |
| <input type="checkbox"/> E. Medical Device/Diagnostics | <input type="checkbox"/> L. Technical Consulting | <input type="checkbox"/> R. Clinical Materials |
| <input type="checkbox"/> F. University | <input type="checkbox"/> M. Original Equipment Mfr | <input type="checkbox"/> S. Other GMP Related Industries _____ |
| <input type="checkbox"/> G. Government | | (please specify) |

JOB FUNCTION CATEGORY (select one)

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. Operations/Manufacturing | <input type="checkbox"/> 8. Validation | <input type="checkbox"/> 15. Field Engineering |
| <input type="checkbox"/> 2. Project Management | <input type="checkbox"/> 9. Senior Mgmt/Senior Admin | <input type="checkbox"/> 16. Facilities Engineering |
| <input type="checkbox"/> 3. Engineering Support | <input type="checkbox"/> 10. Human Resources | <input type="checkbox"/> 17. QC |
| <input type="checkbox"/> 4. Maintenance/Plant Eng | <input type="checkbox"/> 11. Purchasing/Contract Mgmt | <input type="checkbox"/> 18. Computer and Process Control |
| <input type="checkbox"/> 5. Research/Development | <input type="checkbox"/> 12. Regulatory/Compliance/QA | <input type="checkbox"/> 19. Training |
| <input type="checkbox"/> 6. Process Development | <input type="checkbox"/> 13. Safety/Environmental | <input type="checkbox"/> 20. Student/Faculty |
| <input type="checkbox"/> 7. Sales/Marketing | <input type="checkbox"/> 14. Technical Services | <input type="checkbox"/> 21. Clinical Materials |

I hereby apply for membership in ISPE and certify that all statements made in this application are correct, and if elected membership, agree to be governed by the Society Bylaws.

Applicant's Signature _____ Date _____

MEMBERSHIP INFORMATION AND PAYMENT INFORMATION

All Members of ISPE are entitled to vote on matters pending before the Society, hold office, and serve on committees. Memberships are individual and not transferable. If paying in US Dollars, please submit payment and application to ISPE Headquarters or the Asia Pacific Office. If paying in Euros, please submit payment and application to ISPE European Office.

Student Members: Individuals enrolled full time at a college, university, or other educational institution. Please attach a copy of your student ID, course schedule, or letter from the University stating full-time status.

- US Dollars \$30* Euros €30*

Existing Student Members may extend their Student Membership for one year following graduation.

Payment or credit card information MUST accompany application. No purchase orders accepted. FEI #59-2009272

Check Enclosed payable to ISPE # _____ in the amount of \$ _____ (drawn on a US bank) or € _____

Bill Credit Card - circle type: VISA MC/EUROCARD AMEX

Card Number _____ Exp. Date _____

Name of Cardholder _____
(as it appears on card)

Cardholder Signature _____

* \$15 of your dues is allocated to your subscription to *Pharmaceutical Engineering* magazine.

All prices in effect through 31 December 2005; after 31 December 2005, please contact ISPE for current rates. Members may not deduct the subscription price from dues.