

## CONTACT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Job Title \_\_\_\_\_ Company \_\_\_\_\_

Primary Mailing Address  Home  Work \_\_\_\_\_ Apt./Suite/Mail Stop \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Please text me with updates and special offers (*standard data rates may apply*) Mobile Phone \_\_\_\_\_

## BACKGROUND INFORMATION (OPTIONAL)

Gender  Male  Female  Non-binary/third gender  Prefer not to say  Prefer to self-describe \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Approximate number of years you've been working in the pharma industry \_\_\_\_\_

## MEMBERSHIP CATEGORIES (SELECT ONE)

**Not sure which membership is right for you?** For membership category descriptions and bylaws, visit [www.ISPE.org/Join](http://www.ISPE.org/Join).

Industry level membership includes print and digital subscriptions to *Pharmaceutical Engineering*<sup>®</sup> magazine.

I want to go **GREEN!** I want the digital-only subscription to *Pharmaceutical Engineering*<sup>®</sup> magazine.

STANDARD MEMBERSHIP			
Categories	1 Year	2 Years	3 Years
Industry**	<input type="checkbox"/> \$316	<input type="checkbox"/> \$537	<input type="checkbox"/> \$785
Academic/Government*	<input type="checkbox"/> \$121	<input type="checkbox"/> \$218	<input type="checkbox"/> \$327
Student*	<input type="checkbox"/> \$29 Graduation Date: _____		
Recent Graduate*	<input type="checkbox"/> \$121 Graduation Date: _____		

EMERGING ECONOMY MEMBERSHIP			
Categories	1 Year	2 Years	3 Years
Industry: Tier 2 Countries	<input type="checkbox"/> \$184	<input type="checkbox"/> \$331	<input type="checkbox"/> \$497
Industry: Tier 3 Countries	<input type="checkbox"/> \$121	<input type="checkbox"/> \$218	<input type="checkbox"/> \$327
Student*	<input type="checkbox"/> \$10 Graduation Date: _____		
Recent Graduate*	<input type="checkbox"/> \$62 Graduation Date: _____		

\*Application proof required. \*\*Includes \$40 processing fee.

## PAYMENT (Registration requires signature of Eligibility and attached payment.)

**YES!** I would like to include a donation to the **ISPE Foundation**:  
 \$25  \$50  \$100  \$250  Other Amount \$ \_\_\_\_\_

Check enclosed payable in US funds and drawn on a US bank.  
 Charge to my  VISA  MasterCard/EuroCard  American Express

Name of Cardholder \_\_\_\_\_  
(as it appears on card)

Card Number \_\_\_\_\_

Card Zip Code \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Sign me up for **Auto-Renew!**  
 By checking this box, I authorize ISPE to automatically renew my membership on my behalf before my membership term expires. **I understand that ISPE will charge my credit/debit card for my membership on an annual basis until I turn Auto-Renew off and that I can turn Auto-Renew off at any time by visiting My Account at ISPE.org. I understand that I have up until 5 days before my membership expiration date to cancel Auto-Renew for the upcoming membership year.** Read more at [www.ISPE.org/Auto-Renew](http://www.ISPE.org/Auto-Renew) and only check this box once you review.

## ELIGIBILITY

I hereby apply for ISPE membership and certify that all statements in this application are correct, and if elected to membership, agree to be governed by the Society Bylaws and the ISPE Codes of Conduct. All ISPE members are entitled to vote on matters pending before the Society, hold office, and serve on committees. Memberships are individual and not transferable to others. See our **Data Sharing Policy** statements at the bottom of page 2.

### 4 EASY WAYS TO JOIN

**Online:** [www.ISPE.org/Join](http://www.ISPE.org/Join)

**Email:** [ask@ISPE.org](mailto:ask@ISPE.org)

**Mail:** ISPE  
 3001 North Rocky Point Drive East,  
 Suite 200  
 Tampa, FL 33607 USA

Contact **Member Services** with any questions  
 +1-813-960-2105.

### Calculate Your Total

Dues	\$
Foundation	\$
Total Enclosed	\$

Applicant's Signature \_\_\_\_\_

*Continued on next page*

Date \_\_\_\_\_

## PRIMARY JOB FUNCTION/ROLE *(select only one)*

- Architect, Engineer, Construction
- Clinical Materials, Investigational Products
- Procurement, Buyer, Planners
- Health, Safety, Environmental
- Knowledge Management
- Operations, Plant Mechanics (electric, utilities, HVAC), Facilities, Maintenance Planning
- Process Control, Automation
- Project Management
- QA, QC, Regulatory Compliance
- Research and Development, Technology Transfer, Process Development
- Sales, Marketing
- Statistician
- Technical Services, Product Support, Information Systems
- Validation, Qualification, Commissioning
- Supply Chain Management, Warehouse Operations, Logistics Planning
- Retired
- Student
- Unemployed
- Other \_\_\_\_\_

## PRIMARY COMPANY TYPE *(select only one)*

- API, Excipient Supplier, Distributor
- Contract Manufacturer
- Cosmetics, Nutraceuticals, Food Manufacturer
- CROs, Clinical Materials, Investigational Products
- Educational or Government Entity, Libraries
- Engineering, Architecture, Construction
- Equipment, Material Supplier
- Generics Manufacturer
- Laboratory Services
- Medical Devices, Diagnostic Manufacturer
- Pharmaceutical, Biotech Manufacturer (Not CMO)
- Service Provider, Consulting
- Veterinary Medicine
- Other \_\_\_\_\_

## DATA SHARING

- ISPE occasionally shares mailing addresses (not email) with like-minded companies, including exhibitors at conferences. If you prefer to not receive their information, please check this box.
- Other members may search the Member Directory and Conference Attendee lists to make connections. If you prefer to not have your contact information made available, please check this box.
- I wish to keep my data confidential and it is given only for use by ISPE and its Chapters and Affiliates. (This excludes you from the conference attendee listing, Member Directory, and Exhibitor List.)

## LEVEL OF RESPONSIBILITY *(select only one)*

- CEO, President, Owner, General Manager
- Vice President, Chief Officer
- Director, Division Manager, Senior Manager
- Manager, Section Head, Supervisor
- Team Lead, Operator, Technician, Staff
- Dean, Professor, Educator
- Student, Post-Doctoral Fellow
- Retired
- Other

## PROFESSIONAL COMMUNITIES OF INTEREST *(select all that apply)*

You will be enrolled in an ISPE Community of Practice related to your interest(s).

- Active Pharmaceutical Ingredients
- Biotechnology
- Commissioning and Qualification
- Containment
- Critical Utilities
- Disposables
- Emerging Leaders
- GAMP
- GAMP® Blockchain Special Interest Group
- GAMP® Data Integrity Special Interest Group
- GAMP® MES Special Interest Group
- Investigational Products
- Oral Solid Dosage
- Pharma 4.0™ Special Interest Group
- Process Analytical Technology & Lifecycle Control Strategy
- Project Management
- Sterile Products Processing
- Supply Chain, Operation and Packaging Excellence (SCOPE)
- Sustainable Facilities, HVAC and Controlled Environments
- Regulatory and Quality Networking
- Virology Special Interest Group
- Women in Pharma®

## REFERENCES

General Membership Information: [ISPE.org/Join](https://www.ispe.org/Join)  
ISPE Foundation: [ISPE.org/Foundation](https://www.ispe.org/Foundation)  
Emerging Economies: [ISPE.org/Emerging-Economy-Countries](https://www.ispe.org/Emerging-Economy-Countries)  
Membership Tiers: [ISPE.org/Membership-Dues](https://www.ispe.org/Membership-Dues)  
ISPE Code of Conduct: [ISPE.org/Codes-of-Conduct](https://www.ispe.org/Codes-of-Conduct)  
Auto-Renew Policy: [ISPE.org/Auto-Renew](https://www.ispe.org/Auto-Renew)

## LOCAL AFFILIATES AND CHAPTERS *(select only one)*

Network with industry professionals and regulators in your region and attend local events with your complimentary membership in an ISPE Affiliate or Chapter. Visit [ISPE.org/Affiliates\\_Chapters](https://www.ispe.org/Affiliates_Chapters) for more information.

- Argentina
- Australasia *(select only one)*
  - Adelaide
  - Brisbane
  - Melbourne
  - New Zealand
  - Sydney
- Belgium
- Brazil
- Canada
- Czech Republic, Slovakia
- Eurasia
- France
- Germany, Austria, Switzerland
- India *(select only one)*
  - India Affiliate (Mumbai)
  - Ahmedabad Chapter
  - Bangalore Chapter
  - Hyderabad Chapter
- Indonesia
- Ireland
- Italy
- Japan
- Korea, Republic of
- Malaysia
- Mexico
- The Netherlands
- Nordic *(Sweden, Denmark, Norway, Finland, Iceland)*
- Philippines
- Poland
- Singapore
- Spain
- Thailand
- Turkey
- United Kingdom *(select only one)*
  - Central
  - North East
  - North West
  - Southern
- United States *(select only one)*
  - Boston Area *(Massachusetts, Maine, New Hampshire, Rhode Island, Vermont, Connecticut, Upstate New York)*
  - Carolina-South Atlantic *(North and South Carolina, Georgia, Florida, Alabama, Tennessee)*
  - Chesapeake Bay Area *(Maryland, Washington DC, Northern Virginia)*
  - Delaware Valley *(Eastern Pennsylvania, Southern New Jersey, and Delaware)*
  - Great Lakes *(Ohio, Indiana, Illinois, Michigan, Wisconsin, Kentucky)*
  - Greater Los Angeles Area *(Los Angeles, Orange, Ventura, and Riverside Counties)*
  - Midwest *(Missouri, Kansas, Nebraska, Iowa, Minnesota)*
  - New Jersey *(New Jersey, New York, and Northeastern Pennsylvania)*
  - Pacific Northwest *(Washington, Oregon)*
  - Rocky Mountain *(Colorado, Utah)*
  - San Diego *(San Diego North to South Orange County)*
  - San Francisco Bay Area *(Northern California)*
  - South Central *(Texas, Oklahoma, Louisiana)*
- I do not elect Affiliate or Chapter membership.
- There is no Affiliate or Chapter in my area.

\$45 of dues is allocated for the printed edition of the *Pharmaceutical Engineering* (\$25 for digital edition). Discounted memberships receive digital only. Members may not deduct the subscription price from dues. Prices good through 31 December 2023. After that, please visit [ISPE.org/Join](https://www.ispe.org/Join) for current rates and updated Membership Application. All ISPE members are entitled to vote on matters pending before the Society, hold office, and serve on committees. **Memberships are individual and not transferable to others.** Contact Member Services for assistance in changing Membership Categories.