

**NORTH
CAROLINA
CHAPTER
of the
SOCIETY
of
QUALITY
ASSURANCE**

OUR MISSION

To disseminate current information on regulatory policies and trends, provide multifaceted educational opportunities, and to act as a resource for our members who are respected quality assurance professionals.



Please send this completed application with \$25.00 (\$15.00 for Student membership) dues to:

NCCSQA
154 Hansen Road, Suite 201
Charlottesville, VA 22911

2012 NCCSQA Membership Form

Go to www.nccsqa.org for more information

Name: _____

Title: _____

Company: _____
(or educational institution*)

Address: _____

City: _____ State: _____

Zip code: _____

Telephone: (____) _____

Fax: (____) _____

E-mail: _____

New Member _____ Membership Renewal _____

Student Member _____

Areas of Expertise

Category (you may select up to 2 categories):

GLP GMP/QSR GCP 21 CFR Part 11

Arena:

FDA Drugs EPA FDA Devices FDA Animal Health

FDA Biologics International Regulations: (please specify) _____

SQA Member: Active Affiliate Not
Certifications: RQAP-GLP RQAP-GCP CQA

CQIA RAC

Other (specify): _____

**: Applicants for student membership rates must be part-time or full-time students, enrolled in an accredited institution, and not currently employed in the quality profession. A copy of a valid student ID or a letter from a faculty member confirming student status must accompany this form. Please note student memberships are non-voting memberships*