CAPRA ACPR

Canadian Association of Professionals in Regulatory Affairs

Association canadienne des professionnels en réglementation

MEMBERSHIP FORM 2017/2018

(Membership Year: Aug.1/17 to July 31/18)

NOTE: Where possible, Membership Applications and Renewals should be done by way of the website at www.capra.ca. If this is not possible, then please use this form. If you change companies or wish to change any other information in your file during the membership year, be sure to update your contact information in your file at www.capra.ca , to continue uninterrupted service.

Please fill out both pages completely and print clearly.

Dr. ____ Mr. ___ Ms. ___ Miss ___ Mrs. ___	NEW Member? _____ Renewal? ____ Honorary* Member? ____
Name:	
Job Title:	
Organization:	
Mailing Address: Street/ Suite Town/City Province/Country Postal Code	 _____ _____ _____ _____ _____
Telephone:	
Fax:	
E-Mail Address:	**(Required, as most correspondence is sent via e-mail)**
Date:	Signature:

*Honorary Members are appointed by the Board of Directors and pay no fee.

Please answer the following questions so we may know something about you:

Do you wish to have your membership information accessible for other members to see?		Yes _____ No _____
Do you wish to volunteer to work on a Committee?		Yes _____ No _____
How many years of regulatory affairs experience do you have?	0 – 1 1 – 4 5 – 10 11 – 15 16 – 20 More than 20	☐ ☐ ☐ ☐ ☐ ☐

NAME: _____

What type of company are you currently employed at (check one primary activity):

- ☐ Trade / Professional Organization / Law Firm
- ☐ Industry – Biotech / small pharma / Canadian Sponsor company
- ☐ Industry - Large Pharma / biotech / subsidiary of global organization
- ☐ Contract Organization (laboratory, manufacturing, clinical)
- ☐ Academic Institution (College / University)
- ☐ Government / legal
- ☐ Industry - Cosmetics
- ☐ Industry - Medical Device
- ☐ Industry - NHP
- ☐ Consultancy
- ☐ Other (Please specify) _____

What types of companies where previously employed at (check all that apply):

- ☐ Trade / Professional Organization / Law Firm
- ☐ Industry – Biotech / small pharma / Canadian Sponsor company
- ☐ Industry - Large Pharma / biotech / subsidiary of global organization
- ☐ Contract Organization (laboratory, manufacturing, clinical)
- ☐ Academic Institution (College / University)
- ☐ Government / legal
- ☐ Industry - Cosmetics
- ☐ Industry - Medical Device
- ☐ Industry - NHP
- ☐ Consultancy
- ☐ Other (Please specify) _____

What types of products are you responsible for (check all that apply):

- ☐ Biologics/Biotechnology
- ☐ Veterinary Medicines
- ☐ Natural Health Products (NHPs) / Consumer Care / OTC products
- ☐ Innovative Pharmaceuticals / Drugs
- ☐ Medical Devices
- ☐ Combination Products
- ☐ Cosmetics
- ☐ Generic Pharmaceuticals / Drugs

What types of activities are you responsible for (check all that apply):

- ☐ Business/Strategy/Management
- ☐ Submissions/Registrations - Pre-market
- ☐ Advertising and Promotion
- ☐ Teaching / Training
- ☐ Quality Assurance /Quality Control
- ☐ Submissions/Registrations - Post-market
- ☐ Government Affairs / Policy / Trade
- ☐ Research and Development, including Preclinical (pharmacology / toxicology); Clinical trials; pharmaceutical development (Chemistry, Manufacturing and Controls)

What jurisdictions are you responsible for (check all that apply; if worldwide, check only worldwide)

- ☐ Canada
- ☐ USA
- ☐ Europe (EU)
- ☐ Non-EU Europe
- ☐ Worldwide
- ☐ Asia
- ☐ Australia/New Zealand
- ☐ Africa
- ☐ Latin America

Are you a member of any of these other Organizations:

- ☐ RAPS
- ☐ TOPRA
- ☐ DIA
- ☐ CSPS
- ☐ SQA
- ☐ Other (Please specify) _____

Memberships are subject to approval by the Board of Directors. Memberships will only be processed with payment.

Please allow TWO WEEKS for processing.

Mail this form with payment of $55.00 CDA (or equivalent) to:

CAPRA/ACPR Membership
2425 Matheson Blvd E., Suite 795
Mississauga ON L4W 5K4
Canada

Make payment payable to **CAPRA/ACPR**. HST is already included in the $55.00 (HST # 85475 8349).