



Canadian
Association of
Professionals
in Regulatory
Affairs

Association
canadienne des
professionnels en
réglementation

MEMBERSHIP FORM 2018/2019

(Membership Year: Aug.1/18 to July 31/19)

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?	<input type="checkbox"/> 0 – 1 <input type="checkbox"/> 1 – 4 <input type="checkbox"/> 5 – 10 <input type="checkbox"/> 11 – 15 <input type="checkbox"/> 16 – 20 <input type="checkbox"/> More than 20

NAME: _____

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

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

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Biologics/Biotechnology | <input type="checkbox"/> Medical Devices |
| <input type="checkbox"/> Veterinary Medicines | <input type="checkbox"/> Combination Products |
| <input type="checkbox"/> Natural Health Products (NHPs) / Consumer Care / OTC products | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> Innovative Pharmaceuticals / Drugs | <input type="checkbox"/> Generic Pharmaceuticals / Drugs |

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

- | | |
|---|--|
| <input type="checkbox"/> Business/Strategy/Management | <input type="checkbox"/> Quality Assurance /Quality Control |
| <input type="checkbox"/> Submissions/Registrations - Pre-market | <input type="checkbox"/> Submissions/Registrations - Post-market |
| <input type="checkbox"/> Advertising and Promotion | <input type="checkbox"/> Government Affairs / Policy / Trade |
| <input type="checkbox"/> Teaching / Training | |
| <input type="checkbox"/> 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)

- | | |
|--|--|
| <input type="checkbox"/> Canada | <input type="checkbox"/> Asia |
| <input type="checkbox"/> USA | <input type="checkbox"/> Australia/New Zealand |
| <input type="checkbox"/> Europe (EU) | <input type="checkbox"/> Africa |
| <input type="checkbox"/> Non-EU Europe | <input type="checkbox"/> Latin America |
| <input type="checkbox"/> Worldwide | |

Are you a member of any of these other Organizations:

- | | |
|--------------------------------|---|
| <input type="checkbox"/> RAPS | <input type="checkbox"/> CSPS |
| <input type="checkbox"/> TOPRA | <input type="checkbox"/> SQA |
| <input type="checkbox"/> DIA | <input type="checkbox"/> 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 CDA plus applicable provincial taxes (or equivalent) to:

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

Make payment payable to **CAPRA/ACPR**. (HST # 85475 8349).