



Canadian
Association of
Professionals
in Regulatory
Affairs

Association
canadienne des
professionnels en
réglementation

MEMBERSHIP FORM 2019/2020

(Membership Year: Aug.1/19 to July 31/20)

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 all 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:
(Select all that apply)

Would you like to receive e-news from CAPRA?	Yes ____ No ____
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 ____
Please indicate your geographic location:	
<input type="checkbox"/> Ontario <input type="checkbox"/> Other Canadian Province	<input type="checkbox"/> Quebec <input type="checkbox"/> Outside Canada

CAPRA/ACPR Membership Form 2019/2020

NAME: _____

Employment Status:	
<input type="checkbox"/> Employed <input type="checkbox"/> Student	<input type="checkbox"/> Unemployed
Please indicate the type of company where you work:	
<input type="checkbox"/> Industry - Large Pharmaceutical <input type="checkbox"/> Industry – Over the Counter and Non-prescription <input type="checkbox"/> Industry - Medical Devices <input type="checkbox"/> Industry - Medical Marijuana <input type="checkbox"/> Government <input type="checkbox"/> Contract Organization (e.g. laboratory, manufacturing) <input type="checkbox"/> Other(Please specify)_____	<input type="checkbox"/> Industry - Biotechnology <input type="checkbox"/> Industry - Natural Health Products <input type="checkbox"/> Industry - Cosmetics <input type="checkbox"/> Consultancy <input type="checkbox"/> Academic Institution <input type="checkbox"/> Professional Firm (e.g. legal)
Please indicate your job title:	
<input type="checkbox"/> Student <input type="checkbox"/> Associate/Senior Associate <input type="checkbox"/> Project Manager <input type="checkbox"/> Vice President <input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> Coordinator <input type="checkbox"/> Manager/Senior Manager <input type="checkbox"/> Director/Senior Director <input type="checkbox"/> President
How many years of regulatory affairs experience do you have?	
<input type="checkbox"/> 0 - 4 <input type="checkbox"/> 11 - 20	<input type="checkbox"/> 5 - 10 <input type="checkbox"/> More than 20
Please indicate your highest level of education:	
<input type="checkbox"/> Undergraduate degree <input type="checkbox"/> Graduate/PhD	<input type="checkbox"/> Graduate/Master's degree <input type="checkbox"/> Other
Please indicate the number of employees in your company:	
<input type="checkbox"/> 1 – 10 <input type="checkbox"/> 51 – 100	<input type="checkbox"/> 11 – 50 <input type="checkbox"/> 100 +
Please indicate the number of employees working in the regulatory affairs department at your company:	
<input type="checkbox"/> 1 – 10 <input type="checkbox"/> 51 – 100	<input type="checkbox"/> 11 – 50 <input type="checkbox"/> 100 +
What types of companies have you been previously employed at?	
<input type="checkbox"/> Industry - Large Pharmaceutical <input type="checkbox"/> Industry – Over the Counter and Non-prescription <input type="checkbox"/> Industry - Medical Devices <input type="checkbox"/> Industry - Medical Marijuana <input type="checkbox"/> Government <input type="checkbox"/> Contract Organization (e.g. laboratory, manufacturing) <input type="checkbox"/> Other	<input type="checkbox"/> Industry - Biotechnology <input type="checkbox"/> Industry - Natural Health Products <input type="checkbox"/> Industry - Cosmetics <input type="checkbox"/> Consultancy <input type="checkbox"/> Academic Institution <input type="checkbox"/> Professional Firm (e.g. legal)
Please indicate your product responsibilities:	
<input type="checkbox"/> Innovative drugs <input type="checkbox"/> Biologics/biotechnology <input type="checkbox"/> Subsequent entry biologics <input type="checkbox"/> Cosmetics <input type="checkbox"/> Natural health products <input type="checkbox"/> Drug/device combination products <input type="checkbox"/> Veterinary <input type="checkbox"/> Other	<input type="checkbox"/> Generic drugs <input type="checkbox"/> Active Pharmaceutical Ingredients <input type="checkbox"/> Veterinary medicine <input type="checkbox"/> Medical devices <input type="checkbox"/> OTC/non-prescription drugs <input type="checkbox"/> Medical marijuana <input type="checkbox"/> Radiopharmaceuticals
Please indicate the focus of your primary responsibilities:	
<input type="checkbox"/> Pre-marketing and post-marketing submissions <input type="checkbox"/> Regulatory Strategy and Intelligence <input type="checkbox"/> Advertising and promotion <input type="checkbox"/> Quality assurance <input type="checkbox"/> Teaching/Training	<input type="checkbox"/> Publishing and Regulatory Operations <input type="checkbox"/> Business/management functions <input type="checkbox"/> Government affairs <input type="checkbox"/> Chemistry, Manufacturing and Controls <input type="checkbox"/> Other

CAPRA/ACPR Membership Form 2019/2020

NAME: _____

What jurisdictions are you responsible for? Select all that apply (if worldwide, please select only worldwide)	
<input type="checkbox"/> Canada <input type="checkbox"/> Europe (EU) <input type="checkbox"/> Asia <input type="checkbox"/> Latin America	<input type="checkbox"/> US <input type="checkbox"/> Non-EU Europe <input type="checkbox"/> Australia / New Zealand <input type="checkbox"/> Rest of World
Please indicate your annual salary range:	
<input type="checkbox"/> \$40,000 – 50,000 <input type="checkbox"/> \$61,000-80,000 <input type="checkbox"/> \$101,000-120,000 <input type="checkbox"/> \$150,000-175,000 <input type="checkbox"/> Greater than \$200,000	<input type="checkbox"/> \$51,000 – 60,000 <input type="checkbox"/> \$81,000-100,000 <input type="checkbox"/> \$121,000-149,000 <input type="checkbox"/> \$176,000-200,000 <input type="checkbox"/> Do not want to disclose
Are you a member of any of these other organization:	
<input type="checkbox"/> RAPS <input type="checkbox"/> DIA <input type="checkbox"/> SQA	<input type="checkbox"/> TOPRA <input type="checkbox"/> CSPS
NOC publication, please let us know your preference:	
<input type="checkbox"/> I would like to access digital copy in the Members portal on CAPRA web site <input type="checkbox"/> I would like to receive a paper copy	<input type="checkbox"/> I would like to receive a notification when digital copy is available for viewing and/or download on the CAPRA web site

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 **\$75 CDA plus applicable provincial taxes** (or equivalent) to:

CAPRA/ACPR Membership

7111 Syntex Drive, 3rd Floor,
Suite 364, Mississauga, ON L5N 8C3

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