DIA Membership Application





1. MEMBER CONTACT INFORMATION			☐ New Member	☐ Renewa
Last Name	First Name			Middle Initial
Company Name	Job Title			
Email Address	Degrees		☐ Mr. ☐ Mrs. ☐ Ms	i. 🗖 Prof. 🗖 Dr
Mailing Address (as required for postal delivery to your location)			Address is:	☐ Office ☐ Other
City	State / Province	Zip / Postal Code	Country	
())		
Phone	Fax			
2. PAYMENT METHODS				
□ 1 Year Membership (\$175 USD) □ 2 Year N	1embership (\$315	USD)		
☐ Credit Card Download this form, complete, ar	nd fax to DIA at +1.2	15.293.5911 or mail to	:	
PO Box 95000-1240, Philadelph	nia, PA 19195-1240, U	SA		
Card #	Signature			
Check Payment in the amount of \$175 Mail check, along with this form, to <i>Drug</i>				
☐ Request Invoice Email your inform Membership will n				
You can submit your membership				
A DEOCESSIONAL INTEREST AREAS				
. PROFESSIONAL INTEREST AREAS				
ease select one Primary Interest Area (P) and one Secondary Interest RESPONSIBILITY/INTEREST AREA	Area (S) by placing a P o	or S on the appropriate line	2.	
Advertising & Promotion		Pharmacology		
CMC		Pricing/Reimburse	ement	
Clinical Data Management/ eClinical		Project Manageme		
Clinical Research			ation, Training & Dev	elopment
Clinical Nescaren Clinical Safety/Pharmacovigilance			Corp. Compliance	
Document Management/ eSubmissic		Quality Assurance,		
Manufacturing		Regulatory Affairs		
Medical Communications		Research & Develo		
Medical Communications Medical Writing			ринени	
		Statistics		
Nonclinical		Strategic Planning		
Outsourcing		T/Validation		
Comparative Effectiveness/Health	2004			
Technology Assessment/Evidence-b	asea			
Medicine				

DIA Member Profile

Your profile allows DIA to provide content specific to your professional development needs.

4.	How long have you worked in this industry? Select one.								
	☐ Less than 2 years ☐ 2-5 y	/ears □ 6-10 years	☐ 11-15 years	☐ 16-20 years	☐ More than 20 years				
5.	How long have you been in your current position? Select one.								
	☐ Less than 2 years ☐ 2-5 y	/ears □ 6-10 years	☐ 11-15 years	☐ 16-20 years	☐ More than 20 years				
6.	What is your current work setting? Select one.								
	□ CRO/CSO□ Government□ Hospital/Medical Practice□ Independent Consultant□ Industry	□ Law Firm □ Press/Media □ Staffing/Recruit □ Support services □ Trade/Profession	:: Staffing/Persor		-				
7.	What is your current job func	ion? Select one.							
	□ Associate□ CEO/President□ Coordinator□ Director□ Manager	□ Professor/Aca□ Scientist□ Specialist□ Vice Presiden							
8.	What is your current product	responsibility? Select	one.						
	□ Biotechnology□ Combination Products□ Dietary Supplements/Nature	al Health Products	☐ Generics ☐ Medical Devi ☐ Diagnostics		Drugs maceutical Products rinary Medicines				
9.	What is the size of the organi	zation you work for?	Select one.						
	☐ 1-50 employees ☐ 51-500 employees ☐ 501-5,000 employees ☐ 5,001-15,000 employees ☐ 15,001- 50,000 employees ☐ More than 50,000 employees								
10.	Online Membership Directory								
					rill be able to contact you without ry and your colleagues will not be able				
	Do you wish to be listed in the	directory and contact	ted by other men	nbers?	□ No				



