



P O Box 7508, Silver Spring, MD 20907-7508 • Tel: 202-887-4211 or 301-539-9660

MEMBERSHIP APPLICATION FORM

PROPOSED MEMBERSHIP CATEGORY

Please check just ONE of the following boxes:

- Not-for-Profit Group
- Trade Association
- Company
- Law Firm/Consulting Firm
- Individual*

*Please note that current employees of the FDA are not eligible for membership of the Alliance.

NAME AND CONTACT INFORMATION OF PROPOSED MEMBER

Name of proposed member *(if a company or other organization)*:

Name of individual representing company:

Full contact information:

[Street] _____
 [Bldg/Suite #] _____
 [City] _____ [State] _____ [ZIP] _____
 [Tel] _____ [Fax] _____ [E-mail] _____

Name of proposed member *(if an individual)*:

Full contact information:

[Employer – *if relevant*] _____
 [Street] _____
 [Bldg/Suite #] _____
 [City] _____ [State] _____ [ZIP] _____
 [Tel] _____ [Fax] _____ [E-mail] _____

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: _____

Please complete and **MAIL** this form to the Alliance at the address given above. Alternatively, a copy of this form can be **FAXED** to the Alliance at 301-576-5414 or **E-MAILED** to info@StrengthenFDA.org.