

# TOPRA Membership Application Form

Apply on-line, by post or by fax



Apply on-line: **www.topra.org**

Apply by Post: TOPRA,  
Bellerive House,  
3 Muirfield Crescent,  
London, E14 9SZ, UK

Apply by Fax: +44 (0) 20 7537 2003

If you have any queries please contact the Membership Secretary on:

Tel: +44 (0) 20 7510 2560

Or E-mail: [membership@topra.org](mailto:membership@topra.org)

Please note: Items marked with an asterisk (\*) are compulsory  
Applications missing these details may be delayed)

## Personal details\*

Title Dr  Mr  Mrs  Miss  Ms  Other   
Family name   
First name  Date of birth (optional)   
Current job title

## Home details

Home address   
 Postcode  Country   
E-mail address  Telephone   
Fax  Mobile (optional)

## Employer details\*

Employer Name   
Work address   
 Postcode  Country   
E-mail address  Telephone   
Fax  Mobile (optional)

## Mailing\*

We occasionally send our members news of courses, events, separate mailers. These can be sent to you via post or e-mail (or both), please indicate which method of communication you would prefer (please tick all boxes, if you want news sent via post and email) and fill in the address details. On e-mail communications please indicate whether you would like the e-mail supplied as just text or HTML. By indicating your preferred mailing address/method below you are agreeing to this service being provided.

By Post (Please tick your preferred mailing address) Home  Work  Address   
  
 Postcode  Country   
By E-mail   Text  HTML

## Highest academic qualification\* (please tick)

First degree (or equivalent)  Subject   
MSc  MSc in Regulatory Affairs  PhD  MBA  Other (specify)

## Number of years regulatory experience\*

Years  Months

## Areas of interest\* (please tick up to 10)

Ethical Pharmaceuticals <input type="checkbox"/>	Borderline Products <input type="checkbox"/>	FDA <input type="checkbox"/>	Labelling and Leaflets <input type="checkbox"/>
OTC <input type="checkbox"/>	Veterinary <input type="checkbox"/>	Japan <input type="checkbox"/>	Pharmacovigilance <input type="checkbox"/>
Generics <input type="checkbox"/>	Pesticides <input type="checkbox"/>	International <input type="checkbox"/>	Management <input type="checkbox"/>
Medical Devices <input type="checkbox"/>	Chemicals <input type="checkbox"/>	Clinical/ Clinical Trials <input type="checkbox"/>	Contracting and Consulting <input type="checkbox"/>
Complementary Medicines <input type="checkbox"/>	National Systems <input type="checkbox"/>	Manufacturing <input type="checkbox"/>	Business Skills <input type="checkbox"/>
Biotechnology <input type="checkbox"/>	Accession States <input type="checkbox"/>	Non-clinical <input type="checkbox"/>	IT <input type="checkbox"/>
Orphan Drugs <input type="checkbox"/>	EC Systems <input type="checkbox"/>	QA <input type="checkbox"/>	

This box is for the TOPRA office use only

Annual Subscription for **one year**

Annual Subscription for **half year**

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# TOPRA Membership Application Form – continued



Please note: Items marked with an asterix (\*) are compulsory  
Applications missing these details may be delayed)

Please sign after section 'A' below and also sign after section 'B' if applying for Registered Membership

## Section A\*

I confirm that all the information given overleaf is correct to the best of my knowledge

I understand that I will receive the Rules of Membership and a copy of the constitution of TOPRA and will abide by them

I agree to be set up as an online member on the TOPRA website

I understand that TOPRA may itself or on behalf of third parties wish to advise me of conferences, other services and career opportunities via mail or e-mail

(Note: TOPRA is registered under the UK Data Protection Act and will not divulge members' details to third parties)

I apply for membership of TOPRA

Signature\*

Date\*

## Section B – For Registered Members only

I confirm that I am educated to first degree level (or equivalent)

I confirm that I have at least two years full-time (or equivalent) Regulatory Affairs experience

I confirm that I am currently actively engaged in Regulatory Affairs in some capacity

I confirm that I am taking all reasonable steps to keep my knowledge of Regulatory Affairs up-to-date

I apply to be a Registered Member of TOPRA for the current calendar year (January to December)

Signature\*

Date\*

## Payment details

Payment must be received for your application to be valid. A confirmation letter will only be sent to you after receipt of payment. Payment may be made in Sterling or Euro by cheque or bank transfer: Credit/Debit cards will be charged in Sterling.

- **Cheques:** must be made payable to TOPRA and drawn on a UK bank.
- **Credit/Debit cards:** for payment by credit/debit card please complete the relevant details below. Cards accepted: AMEX, Debit MasterCard, Delta, Electron, Maestro, MasterCard, Solo, Visa. Sterling only.

- **Bank Transfers:** may be made to Lloyds TSB Bank PLC. Please quote the applicant's name in the transmission details. International bank transfers must include £6.00 in addition to the membership fee to cover all bank charges.

- **Sterling Transfers:** Account No: 00340310, Sort Code: 30-00-09, IBAN: GB45 LOYD 3000 0900 3403 10, BIC LOYDGB21013
- **Euro Transfers:** Account No: 86330987, Sort Code: 30-00-09, IBAN: GB19 LOYD 3000 0986 3309 87, BIC LOYDGB21013

## Payment method\*

Cheque enclosed

Cheque No.

Bank transfer

Date of transfer / /

Please charge my credit card

## Credit/Debit card details

Type of card Visa  MasterCard  American Express  Debit  (Please note that other types of credit cards are **not** acceptable)

Card No.

Expires end (date on card) /

Security code    Visa, MasterCard, Debit cards: the last 3 digits AFTER the card number in the signature area of the card.

Card holder name (as given on card)

Billing Address

for card

(must be provided)  Postcode  Country

TOPRA will seek authorisation from the card-issuing company.

CARD HOLDER SIGNATURE

DATE

Day time telephone number for any queries

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