



*International Pharmaceutical Excipients Council
Of The Americas*

APPLICATION FOR AFFILIATE MEMBERSHIP

Date: _____

To the Executive Committee of the International Pharmaceutical Excipients Council of the Americas:

We, the undersigned, hereby make application for affiliate membership in the International Pharmaceutical Excipients Council of the Americas. It is understood and agreed that our purpose in joining is to assist in improving business conditions affecting common interests of all members of the Council and that we qualify for membership as set forth in Article III, Section 1(b) of the Council's bylaws in that we are a corporate division or a subsidiary of a current Member and whose management is not controlled on a day-to-day basis by the Member company's management; and, further, that our business regularly involves the production or manufacture of :

- (i) pharmaceutical or other excipients
- (ii) bulk excipient formulations (e.g., excipient blends); or
- (iii) finished dosage pharmaceuticals or delivery systems containing pharmaceuticals or other excipients.

It is further understood and agreed that if we are elected to membership in the Council the undersigned will pay its annual dues as required on February 1st of each year; except that during the year in which a member is elected, a pro-rata payment only shall be required that is based upon the unexpired quarters remaining in that year.

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

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**Name and title of individual designated as the company's Official Representative
(please type or print):**

Name: _____
Title: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
E-mail: _____

**Names and titles of other company officials who should receive Council mailings
(please type or print):**

Name: _____
Title: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
E-mail: _____

Name: _____
Title: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
E-mail: _____

Name: _____
Title: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
E-mail: _____

Name: _____
Title: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
E-mail: _____

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We wish to participate in activities of the committee(s) noted below and understand that, in the event we are approved for membership, we will have the privilege of appointing a company representative as a member of the committee(s) and any technical working groups or subcommittees:

- | | |
|---------------------------------------|--------------------------|
| Compendial Review/Harmonization | <input type="checkbox"/> |
| Excipient Qualification | <input type="checkbox"/> |
| Good Manufacturing Practices | <input type="checkbox"/> |
| Quality by Design Product Development | <input type="checkbox"/> |
| Regulatory Affairs | <input type="checkbox"/> |
| Safety | <input type="checkbox"/> |
| USP Liaison | <input type="checkbox"/> |

We would appreciate knowing your Company's reason/primary interest in joining IPEC-Americas:

Signed: _____

Title: _____

Applications should be returned to:

Kimberly R. Beals, CAE
Executive Director
3138 10th Street N
Suite 500
Arlington, VA 22201
Tel: (571) 814-3451
Email: ipecamer@ipecamericas.org