



*International Pharmaceutical Excipients Council
Of The Americas*

APPLICATION FOR ASSOCIATE MEMBERSHIP

Date: _____

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

We, the undersigned, hereby make application for Associate 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(c) of the Council's bylaws in that our business does not regularly involve 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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The applicant is a corporation , partnership , or individual

Its Associate Membership category is (check one):

- Graduate Students - \$31 annual dues**
Current graduate students in pharmacy and related science
- Academic - \$127 annual dues**
Current or retired faculty of school of pharmacy and related sciences
- Academic Institution - \$254 annual dues**
Professors, students (undergrad, grad and post grad), faculty, staff and recent alumni
- Not for Profit Scientific Organization - \$254 annual dues**
Bodies organized for the advancement of science and composed of individuals as opposed to firms
- Individual Consultants - \$381 annual dues**
Persons who offer professional services and small firms with not more than 2 employees
- Pharmaceutical Industry Associations - \$381 annual dues**
Groups organized to advance the business, scientific, and legal/regulatory interests of corporate members which manufacture or market pharmaceutical preparations
- Excipient Distributors and Suppliers of Specialized Services - \$2,540 annual dues**
Excipient suppliers and distributors who choose not to apply for full membership, industry publications, larger consulting firms, and companies or firms which offer contract testing, development research, manufacturing, packaging or marketing services, GMP training, etc.

Associate members are eligible to serve as members of any standing or other committee except the Executive Committee, to attend Board of Trustees and public meetings of the Council, and to receive all general membership mailings. However, Associate members have no voting rights and may not hold elective office.

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Name and title of individual designated as the Associate Member's "Official Representative" (O.R.)

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

Name and title of individual designated as an alternate representative:

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: _____

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We are interested in participating in activities of the committee(s) noted below and would like to receive information on any subcommittees or technical working groups:

- | | |
|---------------------------------------|--------------------------|
| 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