



ALLIANCE FOR A STRONGER FDA

<https://strengthenfda.org/>

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

MEMBERSHIP APPLICATION FORM

PROPOSED MEMBERSHIP CATEGORY

Please check just ONE of the following boxes:

- | | |
|---|---|
| <input type="checkbox"/> Not-for-Profit Group | <input type="checkbox"/> Trade Association |
| <input type="checkbox"/> Company | <input type="checkbox"/> Law Firm/Consulting Firm |
| <input type="checkbox"/> Individual* | <input type="checkbox"/> Other |

*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 301-576-5416 or **E-MAILED** to info@StrengthenFDA.org.