



PHARMACEUTICAL & MEDICAL DEVICE LABELING COMMITTEE
MEMBERSHIP APPLICATION



(check one) [] Regular Member [] Alternate

DATE _____

NAME _____ TITLE _____

COMPANY _____

Is your company affiliated with, or a division of, another company? If so, please name company and clarify:

PHONE _____

EMAIL _____ COMPANY WEBSITE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

[] I certify that I am a permanent employee of my company (not temporary, contract or consultant) and my management supports my full participation on this committee.

[] I certify that I am a Member in good standing of the Institute of Packaging Professionals (IoPP).

My responsibilities in my company relative to packaging & labeling include: (check all that apply)

- [] Package Development [] Packaging Structural Design
[] Packaging Graphic Design/Artwork [] Packaging Project Management
[] Packaging Specifications [] Printing of Packaging Materials
[] Packaging Labeling Content [] Regulatory Labeling Content
[] Other (explain) _____

Please provide the following information:

A. Are you able to attend two Committee meetings per year, and will your company support this activity?

[] Yes [] No

B. Are you willing to accept Committee assignments on behalf of your company?

[] Yes [] No

C. On behalf of your company, are you able to openly discuss problems common to all pharmaceutical & medical device manufacturers?

[] Yes [] No

What do you feel you and your company can contribute to the Pharmaceutical & Medical Device Labeling Committee of IoPP?

To familiarize the Committee with your company, what are some of your company's brands, product lines, or specialty areas of therapy?

[] I certify that my company is involved in the research, development and/or manufacture of pharmaceuticals, biologics and/or devices/combination products which fall under the regulated Labeling provisions of the US Food and Drug Administration AND my position is directly related to those activities.

Applicant Signature _____ Date _____

Member Signature _____ Date _____
(Required on alternate applications)

FOR COMMITTEE USE
Date of acceptance by Committee as regular / alternate member