

### MEMBERSHIP APPLICATION FORM

**Name**  MR.  MRS.  MS. \_\_\_\_\_

**Profession/Educational Attainment** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Email** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Designation Title** \_\_\_\_\_

**Scope of Work**  Regulatory  Vigilance  Clinical/Research  
 QC/QA  Supply Chain  Others, please specify: \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Company Address** \_\_\_\_\_

**LTO No.** \_\_\_\_\_

**Company Activity**  Importer  Trader  Manufacturer  
 Exporter  Repacker  Others, pls. specify:  
 Wholesaler  CRO \_\_\_\_\_  
 RA Consultant  Representative Office \_\_\_\_\_

**Product Category**  In-Vitro Diagnostics  Dental  Optical  
 Surgical  Equipment  Others, please specify: \_\_\_\_\_

I hereby certify that the above information is true and correct.

I have read and understood the duties and responsibilities of a PAMDRAP member as written on page 2.

\_\_\_\_\_ **Date Signed** \_\_\_\_\_ **Name and Signature of the Applicant**

<b>Employer's Certification</b>	
I hereby certify that _____ holds a position of _____, is authorized to represent _____ as a member of PAMDRAP. <div style="text-align: center; margin-top: 10px;">(company)</div>	
_____ <b>Date signed</b>	_____ <b>Name, Signature and Designation of Authorized Signatory            (General Manager/President/Owner/Immediate Superior)</b>

**Attachments - Membership Requirements:**

- Curriculum Vitae
  - 2 x 2 ID picture
  - Copy of Company ID
  - Company License to Operate
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**DUTIES AND RESPONSIBILITIES OF PAMDRAP MEMBERS**

- a. To obey and comply with the by-laws, rules and regulations that may be promulgated by the association from time to time
- b. To attend all meetings that may be called by the Board of Trustees
- c. To pay membership dues and other assessments of the association.