Food and Drug Administration Alumni Association
Membership Application

Applicant Name: _____
(Last) (First) (Middle)

Prefix: _____ Suffix: _____

Address to which you want association materials mailed:

_____

_____

City: _____ State: _____ Zip: _____

Home Telephone: _(_____)_____

Business Telephone: _(_____)_____

Fax: _(_____)_____

Email address: _____

Member contact information (address, telephone/fax numbers and email address) is listed in the FDAAA Membership Directory. The directory is posted on a password protected section of the FDAAA website and is available for use only by FDAAA members. If, for privacy reasons you do not wish to have your contact information listed in the directory check below

☐ **Please do not include my contact information in the FDAAA Membership Directory**

Years worked at FDA: 19_____ to _____

FDA Center/Office for which you worked: _____

_____

_____

Job category (e.g., administrative, product reviewer, compliance officer, lab scientist, investigator, engineer, consumer affairs officers, public affairs officer, educator, writer):_____

Volunteer Services: If you wish to volunteer your services in support of the Association, please indicate your area(s) of interest:

☐ Activity/Event Planning
☐ Administrative Support
☐ Awards
☐ Committees
☐ Fundraising
☐ Historian
☐ Member Directory
☐ Newsletter
☐ Photography/Videography
☐ Website
☐ Other (specify):_____

Annual Dues (check appropriate category). Note that FDAAA is a tax exempt, non-profit organization under Section 501(c)(3) of the Internal Revenue Code. In general, member dues and other contributions are tax deductible.

☐ Alumni Member: __ $35 for 1 year __ $65 for 2 years __ $90 for 3 years

☐ Associate Member: __ $20 for 1 year __ $35 for 2 years __ $50 for 3 years

☐ Lifetime Member: $300 (one-time fee)

Make checks payable to FDAAA and mail with application to:

FDAAA
c/o Alan Andersen
Suite 310, 1101 17th Street, NW
Washington, DC 20036

Official Use Only: Date Received_____