

# STUDENT MEMBERSHIP APPLICATION

Email this form to DIA Membership at [Membership@DIAglobal.org](mailto:Membership@DIAglobal.org)  
or fax it to +1.215.442.6199



**CONTACT INFORMATION**  **NEW MEMBER**  **RENEWAL**

Dr.  Mr.  Ms. Last Name First Name M.I.

School/University

Mailing Address (as required for postal delivery to your location)

City State Zip/Postal Code Country

Telephone Fax

Email (required for confirmation)

Expected Graduation Date

**Student Eligibility Statement:** Students eligible for reduced membership and registration rates must provide documentation of the following:

- Enrollment of at least 12 undergraduate hours or 9 graduate hours per semester, showing 2 consecutive semesters meeting full time credit requirements, in a degree or certificate-granting academic program in an accredited academic institution, whose content is consistent with the mission of DIA.  
**Students who are currently employed full-time are not eligible.**
- Current Student ID

I certify I am eligible for Student Membership and have included a copy of my current school schedule..

Signature Date

## PAYMENT OPTION: ANNUAL DUES (\$55)

**CREDIT CARD** Complete this form and fax to +1.215.442.6199 or email to [Membership@DIAglobal.org](mailto:Membership@DIAglobal.org). Non-US credit card payment is subject to the currency conversion rate at the time of the charge.

Visa  MC  AMEX Exp Date \_\_\_\_\_

Card # \_\_\_\_\_

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

**CHECK** Drawn on a US bank amount of \$55 payable to and mailed along with this form to: Drug Information Association Inc., 800 Enterprise Road, Suite 200, Horsham, PA 19044, USA.

**REQUEST INVOICE** Email your information to [Membership@DIAglobal.org](mailto:Membership@DIAglobal.org) or fax to +1.215.442.6199. Membership will not begin until payment is received.

## PROFESSIONAL INTEREST AREAS:

- |  |   |
|--|---|
| <input type="checkbox"/> Clinical Research | <input type="checkbox"/> Project Management           |
| <input type="checkbox"/> Drug Development  | <input type="checkbox"/> Regulatory Affairs           |
| <input type="checkbox"/> Medical Affairs   | <input type="checkbox"/> Safety and Pharmacovigilance |

### NEED HELP?

The DIA Customer Service Team will be pleased to answer any questions regarding your application.

Please call us toll free at 1.888.257.6457 Monday through Friday between 8:00AM-8:30PM ET

**ONLINE:** [DIAglobal.org/Membership](http://DIAglobal.org/Membership)

**FAX:** +1.215.442.6199

**EMAIL:** [Membership@DIAglobal.org](mailto:Membership@DIAglobal.org)

**MAIL:** DIA  
800 Enterprise Road, Suite 200  
Horsham, PA 19044, USA

## MEMBERSHIP CANCELLATION POLICY

DIA membership is not transferable. You may cancel your DIA membership within 30 days of the purchase. Refunds must be requested in writing and sent to the DIA Headquarters at [Membership@DIAglobal.org](mailto:Membership@DIAglobal.org).

## PRIVACY POLICY

DIA respects the privacy of all of its members and customers. The Privacy Policy applies to all information DIA collects, including information collected via the DIA website and DIA online Community websites, email, and other electronic communications between you and DIA, event registrations, and information you provide to DIA offline. View our privacy policy online: [DIAglobal.org/en/about-us/privacy-policy](http://DIAglobal.org/en/about-us/privacy-policy). You agree that your personal data will be transferred to DIA in the US.