

# Membership Application



New  Renewal Date: \_\_\_\_\_

Company / Organization Name \_\_\_\_\_

Address \_\_\_\_\_ Company Web Site \_\_\_\_\_

Address 2 / Suite \_\_\_\_\_

City/State/Zip \_\_\_\_\_ # of Employees in Missouri / # Worldwide \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**MAIN COMPANY REPRESENTATIVE:** (As the designated company representative for MOBIO, your responsibilities include receiving all official correspondence, paying membership dues, and updating company information.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

**COMPANY CONTACTS:** (All contacts below must be completed before application can be approved)

CEO/President \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

CTO/CSO \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Business Development \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Government Affairs Director \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**INDUSTRY SEGMENT AND MARKET FOCUS:** (Please choose primary industry segment)

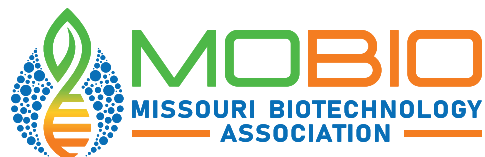
### Market Focus

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Biopharmaceutical          | <input type="checkbox"/> Diagnostics       | <input type="checkbox"/> Drug Discovery  |
| <input type="checkbox"/> Industrial Biotechnology   | <input type="checkbox"/> Medical Device    | <input type="checkbox"/> Therapeutics    |
| <input type="checkbox"/> Agricultural Biotechnology | <input type="checkbox"/> Animal Bioscience | <input type="checkbox"/> Renewable Fuels |

### Research / Professional Advisors / Finance/Services - Market Focus

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic/Research                | <input type="checkbox"/> Marketing/Communications | <input type="checkbox"/> Finance                          |
| <input type="checkbox"/> CRO                              | <input type="checkbox"/> Real Estate              | <input type="checkbox"/> Insurance                        |
| <input type="checkbox"/> Gen. Contractor/Bio Construction | <input type="checkbox"/> Venture Capital          | <input type="checkbox"/> Legal/Intellectual Property      |
| <input type="checkbox"/> Diagnostics                      | <input type="checkbox"/> Accounting               | <input type="checkbox"/> Non-Profit/Life Sciences Support |
| <input type="checkbox"/> Hospital/Health Care             | <input type="checkbox"/> BioInformatics           | <input type="checkbox"/> Recruitment                      |
| <input type="checkbox"/> Internet/Software                | <input type="checkbox"/> Economic Development     | <input type="checkbox"/> Other (Please Specify) _____     |

# Membership Application



## MEMBERSHIP CATEGORIES:

### Life Science Industry Membership Type / Annual Dues (check one)

Please note that employee count serves as a suggested guide for your dues selection.

<input type="checkbox"/> Key Stakeholder.....	\$25,000	<input type="checkbox"/> Bronze Level Plus.....	\$1650
<input type="checkbox"/> Platinum Level.....	\$10,000	<input type="checkbox"/> Bronze Level.....	\$1,375
<input type="checkbox"/> Diamond Level.....	\$7,500	<input type="checkbox"/> Pharma / BioPharma Non-Resident.....	\$1,100
<input type="checkbox"/> Gold Plus Level.....	\$5,500	<input type="checkbox"/> 26-49 employees.....	\$1,100
<input type="checkbox"/> Gold Level.....	\$5,000	<input type="checkbox"/> 11-25 employees.....	\$825
<input type="checkbox"/> Silver Plus Level.....	\$3,000	<input type="checkbox"/> 4-10 employees.....	\$550
<input type="checkbox"/> Silver Level.....	\$2,750	<input type="checkbox"/> 1-3 employees.....	\$275
<input type="checkbox"/> Bronze 2 Level.....	\$2,000		

## PAYMENT:

Make checks payable to the Missouri Biotechnology Association. Dues are valid for one year and recur on a calendar year basis from January through December.

Please consider submitting a check for membership dues over \$1,000

MOBIO Federal Tax ID# is 43-1908699

Dues Amount \$ \_\_\_\_\_

Check Enclosed

Credit Card Payment:      Visa       MasterCard       American Express

MOBIO does not accept Discover

Credit card # \_\_\_\_\_

CVV # \_\_\_\_\_

Exp. Date (XX/XX) \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Please complete and return form to:  
Mr. Kelly Gillespie, Executive Director  
MOBIO  
PO Box 148  
Jefferson City, MO 65102-0148  
Phone: (573) 690-9267  
Email: [kelly@mobio.org](mailto:kelly@mobio.org)