

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

Biopharmaceutical

Diagnostics

Drug Discovery

Industrial Biotechnology

Medical Device

Therapeutics

Agricultural Biotechnology

Animal Bioscience

Renewable Fuels

Research / Professional Advisors / Finance/Services – Market Focus

Academic/Research

Marketing/Communications

Finance

CRO

Real Estate

Insurance

Gen. Contractor/Bio Construction

Venture Capital

Legal/Intellectual Property

Diagnostics

Accounting

Non-Profit/Life Sciences Support

Hospital/Health Care

Bioinformatics

Recruitment

Internet/Software

Economic Development

Other (Please Specify) _____

Membership Application



MEMBERSHIP CATEGORIES:

Life Science Industry Membership Type / Annual Dues (Check One)

- | | |
|---|--|
| <input type="checkbox"/> Key Stakeholder.....\$25,000 | <input type="checkbox"/> Bronze Level (50-100 employees).....\$1,250 |
| <input type="checkbox"/> Platinum Level (500+ employees).....\$10,000 | <input type="checkbox"/> 26-49 employees.....\$1000 |
| <input type="checkbox"/> Diamond Level (300-499 employees).....\$ 7,500 | <input type="checkbox"/> Pharma / BioPharma Non-Resident.....\$1000 |
| <input type="checkbox"/> Gold Level (200-299 employees).....\$ 5,000 | <input type="checkbox"/> 11-25 employees.....\$750 |
| <input type="checkbox"/> Silver Level (101-199 employees).....\$ 2,500 | <input type="checkbox"/> 4-10 employees.....\$500 |
| | <input type="checkbox"/> 1-3 employees.....\$250 |

PAYMENT:

Make checks payable to Missouri Biotechnology Association. Dues are valid for one year, and recur on a calendar year basis from January through December. The Federal Tax ID # for MOBIO is 43-1908699

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

Dues Amount \$ _____ Check Enclosed

Credit Card Payment: VISA MasterCard American Express

Credit Card # _____

CVV Number: _____

Exp. Date (XX/XX): _____

Name on Card _____

Signature: _____

MOBIO does not accept Discover

**Please complete form
and mail or email to:
Mr. Kelly Gillespie
Executive Director
MOBIO
PO Box 148
Jefferson City, MO 65102-0148
Phone: (573) 690-9267**