

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) |

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MEMBERSHIP CATEGORIES:

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

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

<input type="checkbox"/> Key Stakeholder.....\$25,000	<input type="checkbox"/> Pharma / BioPharma Non-Resident.....\$1,100
<input type="checkbox"/> Platinum Level (500+ employees).....\$10,000	<input type="checkbox"/> 26-49 employees.....\$1,100
<input type="checkbox"/> Diamond Level (300-499 employees).....\$7,500	<input type="checkbox"/> 11-25 employees.....\$825
<input type="checkbox"/> Gold Level (200-200 employees).....\$5,000	<input type="checkbox"/> 4-10 employees.....\$550
<input type="checkbox"/> Silver Level (100-199 employees).....\$2,750	<input type="checkbox"/> 1-3 employees.....\$275
<input type="checkbox"/> Bronze Level (50-100 employees).....\$1,375	

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