



2009 Membership Application
BayBio, 400 Oyster Point Blvd. #221, South San Francisco, CA 94080
P: (650) 871-7101 F: (650) 871-7555 W: www.baybio.org

Employment Size (*Northern California Employees only)	Bioscience Company Dues	Associate/Service Company Dues	Non-profit, Government or Education Organization	Major Research Institution (PhD Granting)
1 Employee	\$375	\$500	\$500	\$2,000
2-29 Employees	\$750	\$2,000	\$500	\$2,000
30-74 Employees	\$1,500	\$5,000	\$500	\$2,000
75-249 Employees	\$3,750	\$10,000	\$500	\$2,000
250-499 Employees	\$7,500	\$10,000	\$500	\$2,000
500+ Employees	\$15,000	\$10,000	\$500	\$2,000

*Corporate Membership Dues are based on the number of Northern California employees only. BayBio is a 501 (c)(6) non-profit trade association serving the life sciences industry of Northern California.

Number of Northern California employees: _____

Organization Type:

- Bioscience
- Associate/Service
- Non-profit, Government, or Education
- Major Research Institution (PhD Granting)

___ Public or ___ Private

Date Founded: ____/____/____

Number of locations: _____

State incorporated: _____

Referred by _____

CORPORATE INFORMATION (PLEASE PRINT)	
Company Name	
Address	Main Tel
City, State ZIP	Main Fax
Website	
PRIMARY CONTACT (Primary representative within the organization)	
Name	Email
Title	Direct Telephone
BILLING CONTACT (Receives documents regarding dues and renewals) <input type="checkbox"/> (Check box) If same as above	
Name	Email
Title	Direct Telephone
Address (if different from above)	
City, State ZIP	

Please complete ALL information



In addition to our BayBio dues my organization would like to provide support for BayBio Institute:

Additional 10% of my membership dues other \$ _____

Please contact me, as I would like to create a company matching program for employee giving

Check Enclosed **Dues Amount: \$** _____ **Check Number:** _____

*Please make your membership checks payable to **Bay Area Bioscience Association***

Please note: BayBio **does not accept personal checks for membership**

Please Charge: \$ _____ **to my:** AMEX VISA MASTERCARD

Credit Card #: _____ Exp. Date: ____ / ____

Name on Card: _____

Signature: _____ Date: _____

Company: _____

***Please Mail or Fax completed application along with your check or credit card payment to:**

BayBio
Attn: Member Services
400 Oyster Point Blvd., Suite 221
South San Francisco, CA 94080
Federal ID #: 20-4115716

Fax: (650) 871-7555 ATTN: Member Services

Membership is effective upon receipt of dues payment and is active for one year

BayBio Membership Benefits Package:

Lab Supply Benefits	Event Discounts	Office Supply Benefits
Employee Benefits	Insurance Benefits	Location Selection Assistance
Employment Screening & Personnel	Publications	Technology Benefits
Global Mobility Services	Valuation Services	Communications Services
News Distribution Services	Specialist Transportation Logistics	Used Lab Equipment Benefits
Temporary Corporate Housing & Relocation		

Member Services Contact:

Kristin Hora, Director of Member Services, x201
Ian Malcolm, Head of Membership Development, x203
Jocelyn Mancio, Membership Coordinator, x204
(650) 871-7101

www.baybio.org



Member Company Contact Sheet
(Please Print)

CEO and/or President	CFO
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

CSO/CMO	GENERAL COUNSEL/LEGAL/IP
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

OPERATIONS/FACILITIES	GOVERNMENT RELATIONS
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

COMMUNICATIONS/PUBLIC AFFAIRS	PURCHASING
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

HUMAN RESOURCES	MARKETING
Name:	Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

***For Additional Contacts, please include:** Name, Title, Email and Phone Number and send to: jmancio@baybio.org