

Corporate Information (*Please print or type)				
Company Name _____	Main Telephone _____			
Address _____	Main Fax _____			
City, State, and Zip _____	Website _____			
Billing Address (If different from corporate address)				
Address _____	City, State, and Zip _____			
Additional Corporate Information				
Type of Ownership: ___ Public or ___ Private (Mark X)	Number of Northern California Employees: _____			
Date Founded: ____/____/____ Month Day Year	State Incorporated: ____ Number of Locations: ____			
Membership Referred By: <i>(Please Print Name)</i>	Company: _____			
Membership Primary Contact (Primary contact for all departments within the organization)				
Name _____	Email _____			
Title _____	Direct Telephone _____			
Membership Billing/Invoice Contact (To receive dues and renewal Invoices)				
Name _____	Email _____			
Title _____	Direct Telephone _____			
Primary Contact Signature _____	Date: ____/____/____ Month Day Year			
Membership Categories				
Bioscience/R&D Member: Organization that develops, researches, manufactures and commercializes products & treatments.	Non-Profit/Gov/Ed Member: Organizations or institutions that serve the life science industry.			
Associate/Service Provider Member: Organization that provides devices, equipment, supplies or services to the biotechnology, pharmaceutical, or biomedical industries.	Research Institute Member: Any academic institution that works in support of biotechnology.			
Membership Dues Levels (*Dues are based on the number of Northern California employees only)				
*Employment Size	Bioscience/R&D	Associate/Service Provider	Non-Profit, Govt., Education	Major Research Institute
Sole Proprietor	\$500 <input type="checkbox"/>	\$500 <input type="checkbox"/>		
1 Employee	\$500 <input type="checkbox"/>	\$1,500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>
2-24	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>
25-49	\$2,000 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>
50-74	\$2,500 <input type="checkbox"/>	\$7,500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>
75-100	\$4,500 <input type="checkbox"/>	\$12,500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>
101-249	\$5,000 <input type="checkbox"/>	\$12,500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>
250-499	\$10,000 <input type="checkbox"/>	\$12,500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>
500+	\$17,500 <input type="checkbox"/>	\$15,000 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>

Membership Benefits (Please check box if you would like more information on the following benefits)	
<input type="checkbox"/> Alexander's Mobility Services <input type="checkbox"/> Bedford International – Location Selection Assistance <input type="checkbox"/> BioSurplus – Used Lab Equipment <input type="checkbox"/> Cryospec, Inc., a Linde “Platinum” Distributor <input type="checkbox"/> ChoicePoint Employment Screening <input type="checkbox"/> FedEx Services <input type="checkbox"/> Kroll Valuation Services <input type="checkbox"/> Marken Specialist Transportation and Logistics	<input type="checkbox"/> Office Depot Office Supplies <input type="checkbox"/> Publication Discount for Members <input type="checkbox"/> Suite America Corporate Housing Relocation <input type="checkbox"/> Tech Depot Technology Products <input type="checkbox"/> Wells Fargo Insurance Services <input type="checkbox"/> Woodruff-Sawyer Insurance <input type="checkbox"/> VWR Lab Supplies <input type="checkbox"/> Event Discounts
Committees (Please indicate committee interest. Participation on the following committees is voluntary)	
__ Membership Committee __ Benefits Committee __ Program Committee __ Government Relations Committee __ NEST (<i>Network for Entrepreneurial Strategies & Tactics</i>)	
BayBio PAC (California Biotechnology PAC is to support candidates for California State office and is not tax deductible for federal income tax purposes. California Biotechnology PAC EPPC Number: 1307363)	
<input type="checkbox"/> Additional 10% of my membership dues Amount \$ _____	
Payment Information	
Membership Dues Amount \$ _____ Membership Dues Paid \$ _____ <input type="checkbox"/> Check Enclosed (Please make checks payable to: Bay Area Bioscience Association) Check Number: _____ <i>(*NOTE: BayBio does not accept <u>personal</u> checks for payment)</i> Federal Tax ID# 20-4115716	
Credit Card Payment: <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD Amount Paid \$ _____ Credit Card #: _____ Expiration Date: ____/____ <div style="text-align: right; margin-left: 150px;">Month Year</div>	
Name on Card: _____ <div style="text-align: center; margin-left: 100px;"><i>(Please Print Full Name)</i></div>	
Authorized Signature: _____	
You may submit the application via mail/fax/email Mail completed application and payment to: Bay Area Bioscience Association ATTN: Member Services 400 Oyster Point Blvd., Suite 221 South San Francisco, CA 94080 Tel: (650) 871-7101 ~ Fax: (650) 871-7555 www.baybio.org Federal ID # 20-4115716 (Please reference “Membership Dues” on check)	BayBio membership is available only to bona fide organizations that promote biotechnology research and support the growth and development of the biotechnology industry, and whose activities are consistent with BayBio’s mission, bylaws, and any other applicable rules and regulations. BayBio reserves the right to review applications for membership to confirm that the applicant meets these criteria for membership, and for the specified categories of membership as per BayBio’s bylaws. BayBio may, in its sole discretion, reject an application for membership or elect not to renew a membership.
Fax application to: ATTN: Member Services at (650)871-7555 Email application to: membership@baybio.org	Membership is effective upon receipt of dues payment and is active for twelve months thereafter, unless membership is revoked in accordance with BayBio’s bylaws.

Member Company Contacts	
_____ CEO/President- Name	_____ Title
_____ Email	_____ Phone
_____ CFO- Name	_____ Title
_____ Email	_____ Phone
_____ CSO/CMO- Name	_____ Title
_____ Email	_____ Phone
_____ Business Development - Name	_____ Title
_____ Email	_____ Phone
_____ General Counsel/Legal/IP- Name	_____ Title
_____ Email	_____ Phone
_____ Human Resources/Operations/Facilities- Name	_____ Title
_____ Email	_____ Phone
_____ Government Relations- Name	_____ Title
_____ Email	_____ Phone
_____ Communications/Public Affairs- Name	_____ Title
_____ Email	_____ Phone
_____ Purchasing- Name	_____ Title
_____ Email	_____ Phone

*To add additional contacts, please provide Name, Title, Email & Phone Number and send to: membership@baybio.org