



Massachusetts Biotechnology Council 2016 Membership Application

Completed By: _____

Company Information (This information will appear on our website.)

		Check all that apply
Company Name	Phone	▼ <input type="checkbox"/> Lab
Address	Fax	<input type="checkbox"/> Mfg.
City, State, Zip	Website	<input type="checkbox"/> Office

Other Offices In MA

		Check all that apply
Address	Phone	▼ <input type="checkbox"/> Lab
City, State, Zip	Fax	<input type="checkbox"/> Mfg.
		<input type="checkbox"/> Office

Additional Company Information *This information is kept strictly confidential.*

Ownership:	<input type="radio"/> Private	<input type="radio"/> Public	Total Revenue for Most Recent Fiscal Year \$ _____
Incorporation Date	_____	Number of Employees In MA	_____
Federal Tax ID#	_____	Number of Employees Worldwide	_____

Member Classification (Please choose ONE)

Biotechnology	Associate Industry	Non-Profit
Please check one primary business focus	Please check one primary business focus	Please check one primary business focus
<input type="checkbox"/> Agricultural/Industrial Biotechnology <input type="checkbox"/> Bioinformatics <input type="checkbox"/> Contract Research & Manufacturing <input type="checkbox"/> Drug Development <input type="checkbox"/> Medical Device <input type="checkbox"/> Research Products & Instrumentation <input type="checkbox"/> Human Diagnostic Development	<input type="checkbox"/> Business & Financial Consulting <input type="checkbox"/> Investment & Capital Firms <input type="checkbox"/> Information Technology <input type="checkbox"/> Insurance <input type="checkbox"/> Human Resources & Staffing <input type="checkbox"/> Law Firms <input type="checkbox"/> Marketing/Communication <input type="checkbox"/> Packaging/Delivery <input type="checkbox"/> Real Estate & Property Development <input type="checkbox"/> Publications <input type="checkbox"/> Cleanroom Operations & Mechanics	<input type="checkbox"/> Academic <input type="checkbox"/> Foreign Agencies <input type="checkbox"/> Government <input type="checkbox"/> Hospitals <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Non-Profit Research Institute <input type="checkbox"/> Healthcare Providers

Therapeutic Areas (Please check all that apply.)

<input type="checkbox"/> Autoimmune/Inflammatory	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Pain
<input type="checkbox"/> Cancer/Oncology	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Hematological	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Eye and Ear	<input type="checkbox"/> HIV Infections	<input type="checkbox"/> Neuroscience	<input type="checkbox"/> Other
<input type="checkbox"/> Central Nervous System	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Immune System	<input type="checkbox"/> Nutrition/Metabolism	_____

Company Contacts - Primary Contacts

Member Representative: (The primary contact across all departments regarding MassBio membership.)

_____	_____	_____
Name	Title	Address (If different)
_____	_____	_____
Phone	Email	City, State, Zip

Invoice Contact: (Receives important documents regarding dues and renewal.)

_____	_____	_____
Name	Title	Address (If different)
_____	_____	_____
Phone	Email	City, State, Zip

Purchasing Contact: (Contact for primary suppliers via our Purchasing Consortium.)

_____	_____	_____
Name	Title	Address (If different)
_____	_____	_____
Phone	Email	City, State, Zip

Highest Ranking Director/Partner/Site-Head/CEO in MA: (Life Sciences)

_____	_____	_____
Name	Title	Address (If different)
_____	_____	_____
Phone	Email	City, State, Zip

Company Contacts

CEO

_____	_____	_____
Name	Title	Address (If different)
_____	_____	_____
Phone	Email	City, State, Zip

President

_____	_____	_____
Name	Title	Address (If different)
_____	_____	_____
Phone	Email	City, State, Zip

CFO

_____	_____	_____
Name	Title	Address (If different)
_____	_____	_____
Phone	Email	City, State, Zip

COO

_____	_____	_____
Name	Title	Address (If different)
_____	_____	_____
Phone	Email	City, State, Zip

Annual Dues Information *Based on total number of employees worldwide***Biotechnology Members**

Employees/Revenue	Dues
• 20 Employees or less	\$1,800
• 21-50 Employees	\$4,075 Plus \$65 for each additional employee over a total of 21
• 51-150 Employees	\$6,000 Plus \$31 for each additional employee over a total of 51
• > 150 Employees	\$9,100 Plus \$20 for each additional employee over a total of 151 (Maximum \$16,950)
• > \$100 million, < \$1 billion	\$19,300
• > \$1 billion	\$29,300

Associate Industry

Number of Employees Worldwide	Dues
• 20 or less	\$4,200
• 21-100	\$6,650
• 101-500	\$8,450
• 501-1000	\$9,650
• More than 1000	\$10,300

Non-Profit

Any Number of Employees	\$3,050
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Disease Foundations

Any Number of Employees	\$600	MassBio will make an in-kind donation of \$2,450 to each member disease foundation which will be credited to the standard \$3,050 annual dues rate for non-profits. Disease foundations will therefore be able to access the full MassBio membership for only \$600 per year.
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Payment Information

- MassBio Membership will begin the first of the month in which payment is received and processed, and run 12 months from that time.
- MassBio estimates that 33% of annual dues will be spent for lobbying and is not tax-deductible.
- Seven percent (7%) of your company's dues will be used to support the Massachusetts Biotechnology Education Foundation, Inc. (MassBioEd), the charitable organization that supports biotechnology education and workforce development in Massachusetts.

Annual Dues Amount \$ _____ Amount Paid \$ _____

Check enclosed (Make checks payable to Massachusetts Biotechnology Council) Check Number _____

Credit Card Payment Visa MasterCard American Express

Account # _____ Expiration Date _____ / _____
(month/year)

Signature _____

Name on Credit Card _____
(please print)

Company Description

Please email a short description of your company to membership@massbio.org for your company profile. Your company profile will appear on the MassBio website (http://www.massbio.org/membership/membership_directory). Please include any social media addresses as well. (ie. Facebook, Twitter handle, LinkedIn Company page, etc.)

Mail/Fax completed application and payment to: Massachusetts Biotechnology Council - Attention: Laura Hamilton
300 Technology Square
Cambridge, MA 02139
Main: 617-674-5100/Fax: 617-674-5101
www.massbio.org