Massachusetts Biotechnology Council
2017 Membership Application

Completed By:_____

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

Check all that apply

Company Name | Phone | ☐ Lab

Address | Fax | ☐ Mfg.

City, State, Zip | Website | ☐ Office

Other Offices In MA

Check all that apply

Address | Phone | ☐ Lab

City, State, Zip | Fax | ☐ Mfg.

☐ Office

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

Ownership: O Private OPublic | 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
__ Agricultural/Industrial Biotechnology	__ Business & Financial Consulting	__ Academic
__ BioInformatics	__ Investment & Capital Firms	__ Foreign Agencies
__ Contract Research & Manufacturing	__ Information Technology	__ Government
__ Drug Development	__ Insurance	__ Hospitals
__ Medical Device	__ Human Resources & Staffing	__ Non-Profit Organization
__ Research Products & Instrumentation	__ Law Firms	__ Non-Profit Research Institute
__ Human Diagnostic Development	__ Marketing/Communication	__ Healthcare Providers
	__ Packaging/Delivery	
	__ Real Estate & Property Development	
	__ Publications	
	__ Cleanroom Operations & Mechanics	

Therapeutic Areas (Please check all that apply.)

☐ Cardiovascular ☐ Dermatology ☐ Endocrinology ☐ Fibrosis ☐ Gastro-intestinal ☐ Genetically Defined

☐ Hematology ☐ Hepatic & Biliary ☐ Imaging Technologies ☐ Immunology ☐ Infectious Diseases ☐ Metabolic Disorders

☐ Microbiome ☐ Musculoskeletal ☐ Neurology ☐ Oncology ☐ Platform Technologies

☐ Protein & Peptide Technologies ☐ Psychiatry ☐ Rare Diseases ☐ Oncology ☐ Reproduction

☐ Respiratory ☐ Sensory Organs ☐ Urinary

All information MUST be completed before application can be approved.

Company Contacts - Primary Contacts

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

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

Dues 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

Human Resources Contact: (Internal resource for MassBio communications to your company employees.)

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

Company Contacts

CEO

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

CSO

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

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

Biotechnology Members

Employees/Revenue	Dues
• 20 Employees or less	$1,850
• 21-50 Employees	$4,075 Plus $72 for each additional employee over a total of 21
• 51-150 Employees	$6,200 Plus $32 for each additional employee over a total of 51
• > 150 Employees	$9,375 Plus $20 for each additional employee over a total of 151 (Maximum $16,950)
• > $100 million, < $1 billion	$19,900
• > $1 billion	$29,950

Associate Industry

Number of Employees Worldwide	Dues
• 20 or less	$4,325
• 21-100	$6,850
• 101-500	$8,750
• 501-1000	$9,950
• More than 1000	$10,600

Non-Profit

Any Number of Employees	$3,150

Disease Foundations

Any Number of Employees	$600	MassBio will make an in-kind donation of $2,550 to each member disease foundation which will be credited to the standard $3,150 annual dues rate for non-profits. Disease foundations will therefore be able to access the full MassBio membership for only $600 per year.

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

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