



Massachusetts Biotechnology Council 201+ 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"/> Cardiovascular	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Fibrosis	<input type="checkbox"/> Gastro-intestinal	<input type="checkbox"/> Genetically Defined
<input type="checkbox"/> Hematology	<input type="checkbox"/> Hepatic & Biliary	<input type="checkbox"/> Imaging Technologies	<input type="checkbox"/> Immunology	<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Metabolic Disorders
<input type="checkbox"/> Microbiome	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Neurology	<input type="checkbox"/> Oncology	<input type="checkbox"/> Platform Technologies	
<input type="checkbox"/> Protein & Peptide Technologies	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Rare Diseases	<input type="checkbox"/> Oncology	<input type="checkbox"/> Reproduction	
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Sensory Organs	<input type="checkbox"/> Urinary			

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

Internal Resource: (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

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	\$8,700
• 501-1000	\$9,950
• More than 1000	\$10,600

Non-Profit

Any Number of Employees	\$3,150
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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.
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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