



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

All information MUST be completed before application can be approved.

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	\$1,600
• 21-50 Employees	\$3,725 Plus \$54 each for employees 22-50
• 51-150 Employees	\$5,318 Plus \$27 each for employees 52-150
• > 150 Employees	\$8,007 Plus \$16 each for employees 151 and up (Maximum \$15,000)
• > \$100 million, < \$1 billion	\$17,100
• > \$1 billion	\$25,900

Associate Industry

Number of Employees Worldwide	Dues
• 20 or less	\$3,725
• 21-100	\$5,900
• 101-500	\$7,500
• 501-1000	\$8,550
• More than 1000	\$9,625

Non-Profit

Any Number of Employees	\$2,700
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Disease Foundations

Any Number of Employees	\$500	MassBio will make an in-kind donation of \$2,200 to each member disease foundation which will be credited to the standard \$2,700 annual dues rate for non-profits. Disease foundations will therefore be able to access the full MassBio membership for only \$500 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 ExpressAccount # _____ 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).Mail/Fax completed application and payment to: Massachusetts Biotechnology Council
Attention: Jon Allard
One Cambridge Center, 9th Floor
Cambridge, MA 02142
Main: 617-674-5100/Fax: 617-674-5101
www.massbio.org