



# Massachusetts Biotechnology Council 2008 Membership Application

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

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

### Other Offices In MA

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

\*If you have other offices in Massachusetts, please use the additional form at the end of the application.

### 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)

<b>Biotechnology</b> <input type="checkbox"/>	<b>Associate Industry</b> <input type="checkbox"/>	<b>Non-Profit</b> <input type="checkbox"/>
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	Please check one primary business focus  <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	Please check one primary business focus  <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	

### Primary Reasons for Joining MBC

<input type="checkbox"/> Conferences/Events	<input type="checkbox"/> Policy	<input type="checkbox"/> Networking/Business Development Opportunities
<input type="checkbox"/> Industry Information	<input type="checkbox"/> Economic Development	
<input type="checkbox"/> Purchasing Consortium	<input type="checkbox"/> Visibility	<input type="checkbox"/> Other _____

\*All information MUST be completed before application can be approved\*

**Company Contacts - Primary Contacts**

**Member Representative:** (The primary contact across all departments.)

Name	Title	Address
Phone	Email	City, State, Zip

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

Name	Title	Address
Phone	Email	City, State, Zip

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

Name	Title	Address
Phone	Email	City, State, Zip

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

Name	Title	Address
Phone	Email	City, State, Zip

**Company Contacts**

**CEO**

Name	Title	Address
Phone	Email	City, State, Zip

**President**

Name	Title	Address
Phone	Email	City, State, Zip

**CFO**

Name	Title	Address
Phone	Email	City, State, Zip

**COO**

Name	Title	Address
Phone	Email	City, State, Zip

<b>Primary Science Contact</b>		
_____ Name	_____ Title	_____ Address
_____ Phone	_____ Email	_____ City, State, Zip
<b>Health &amp; Safety Contact</b>		
_____ Name	_____ Title	_____ Address
_____ Phone	_____ Email	_____ City, State, Zip
<b>Facilities Manager</b>		
_____ Name	_____ Title	_____ Address
_____ Phone	_____ Email	_____ City, State, Zip
<b>Government Relations</b>		
_____ Name	_____ Title	_____ Address
_____ Phone	_____ Email	_____ City, State, Zip
<b>Human Resources</b>		
_____ Name	_____ Title	_____ Address
_____ Phone	_____ Email	_____ City, State, Zip
<b>Marketing/Sales</b>		
_____ Name	_____ Title	_____ Address
_____ Phone	_____ Email	_____ City, State, Zip
<b>Public Relations</b>		
_____ Name	_____ Title	_____ Address
_____ Phone	_____ Email	_____ City, State, Zip
<b>Office Manager</b>		
_____ Name	_____ Title	_____ Address
_____ Phone	_____ Email	_____ City, State, Zip

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

**Biotechnology Members**

Revenue	Dues
20 Employees or less	\$1,500
21-50 Employees	\$3,500 Plus \$50 for each additional employee over a total of 21
51-150 Employees	\$5,000 Plus \$25 for each additional employee over a total of 51
More than 150 Employees	\$7,500 Plus \$15 for each additional employee over a total of 151 (Maximum \$14,000)
Greater than \$100 million, less than \$1 billion	\$16,000
Greater than \$1 billion	\$18,000

**Associate Industry**

Number of Employees Worldwide	Dues
20 or less	\$3,500
21-100	\$5,500
101-500	\$7,000
501-1000	\$8,000
More than 1000	\$9,000

**Non-Profit**

<b>Any Number of Employees</b>	<b>Dues = \$2,500</b>
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**Payment Information**

\*The MBC dues are based on the calendar year. If you are not joining in January, please prorate your dues by dividing your annual dues amount by 12 and multiplying by the number of the months left in the year\*

\*7% of dues paid are directed to the MBC's educational foundation, MassBioEd\*

\*Based on our MBC estimates and IRS regulations, 75% of your 2008 dues are deductible\*

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/day/year)

Signature \_\_\_\_\_

Name on Credit Card \_\_\_\_\_  
(please print)

**Company Description**

**\*Please email a short description of your company and/or technology (100-150 words) to: [Lauren.laidlaw@massbio.org](mailto:Lauren.laidlaw@massbio.org)  
 This profile will appear on the MBC website (<http://www.massbio.org/members>)\***

Mail/Fax completed application and payment to: Massachusetts Biotechnology Council  
 Attention: Lauren Laidlaw, Director of Member Services  
 One Cambridge Center, 9th Floor  
 Cambridge, MA 02142  
 Main: 617-674-5100/Fax: 617-674-5101

[www.massbio.org](http://www.massbio.org)

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