

MOBIO Membership Application



MOBIO
Missouri Biotechnology Association

COMPANY INFORMATION: New Renewal Date: _____

Company / Organization Name

Address Company Web Site

Address 2 / Suite

City/State/Zip # of Employees in Missouri / # Worldwide

Phone Fax

MAIN COMPANY REPRESENTATIVE: (As the designated company representative for MOBIO, your responsibilities include receiving all official correspondence, paying membership dues and updating company information.)

Name Phone Fax

Title Email

COMPANY CONTACTS: (All contacts below must be completed before application can be approved)

CEO/President Email Phone

CTO/CSO Email Phone

Business Development Email Phone

Government Affairs Director Email Phone

Other Email Phone

INDUSTRY SEGMENT AND MARKET FOCUS: (Please choose primary industry segment)

Market Focus

- | | | |
|---|--|--|
| <input type="checkbox"/> Biopharmaceutical | <input type="checkbox"/> Diagnostics | <input type="checkbox"/> Drug Discovery |
| <input type="checkbox"/> Industrial Biotechnology | <input type="checkbox"/> Medical Device | <input type="checkbox"/> Therapeutics |
| <input type="checkbox"/> Agricultural Biotechnology | <input type="checkbox"/> Animal Bioscience | <input type="checkbox"/> Renewable Fuels |

Research / Professional Advisors / Finance/Services – Market Focus

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic/Research | <input type="checkbox"/> Marketing/Communications | <input type="checkbox"/> Finance |
| <input type="checkbox"/> CRO | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Gen. Contractor/Bio Construction | <input type="checkbox"/> Venture Capital | <input type="checkbox"/> Legal/Intellectual Property |
| <input type="checkbox"/> Diagnostics | <input type="checkbox"/> Accounting | <input type="checkbox"/> Non-Profit/Life Sciences Support |
| <input type="checkbox"/> Hospital/Health Care | <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Internet/Software | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other (Please Specify) _____ |



MEMBERSHIP CATEGORIES:

Life Science Industry Membership Type / Annual Dues (Check One)

- | | |
|--|---|
| <input type="checkbox"/> Key Stakeholder..... \$25,000 | <input type="checkbox"/> Bronze Level (50-100 employees)..... \$1,250 |
| <input type="checkbox"/> Platinum Level (500+ employees)..... \$10,000 | <input type="checkbox"/> 26-49 employees..... \$1000 |
| <input type="checkbox"/> Diamond Level (300-499 employees)..... \$ 7,500 | <input type="checkbox"/> Pharma / BioPharma Non-Resident..... \$1000 |
| <input type="checkbox"/> Gold Level (200-299 employees)..... \$ 5,000 | <input type="checkbox"/> 11-25 employees \$750 |
| <input type="checkbox"/> Silver Level (101-199 employees)..... \$ 2,500 | <input type="checkbox"/> 4-10 employees..... \$500 |
| | <input type="checkbox"/> 1-3 employees..... \$250 |

PAYMENT:

Make checks payable to Missouri Biotechnology Association. Dues are valid for one year, and recur on a calendar year basis from January through December. The Federal Tax ID # for MOBIO is 43-1908699

Please consider submitting a check for membership dues over \$1,000.

Dues Amount \$ _____ Check Enclosed

Credit Card Payment: VISA MasterCard American Express

Credit Card # _____

CVV Number: _____

Exp. Date (XX/XX): _____

Name on Card _____

Signature:

MOBIO does not accept Discover

**Please complete form
and mail or fax to:
Mr. Kelly Gillespie
President & CEO
MOBIO
PO Box 148
428 East Capitol Avenue
Jefferson City, MO 65102-0148
Phone: (573) 761-7600
Fax: (573) 761-7601
kelly@mobio.org**