



2010 INSTITUTIONAL MEMBERSHIP APPLICATION

DATE _____

COMPANY NAME _____

Primary Contact Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Website _____

Phone _____

Email Address _____

PRIMARY BUSINESS/OPERATION CATEGORY

(Choose the category that best describes your company)

- Clinic
- Hospital
- Degree-Granting Research Institution
- Other Non-Profit Research Institution
- Community/Technical College
- Other

MEMBER DIRECTORY INFORMATION

The information provided below will be used in BioFlorida's Online Directory as well as BioFlorida's printed 2011 Member Directory.

Headquarters (City, State) _____

Year Established _____

COMPANY DESCRIPTION

Please e-mail a description of your company (not to exceed 25 words) to admin@bioflorida.com.

BIOFLORIDA MEMBERSHIP

BioFlorida membership is a company-wide membership, which means that any employee of your company is entitled to receive member benefits and can sit on Committees and participate in Networks. Specific information on BioFlorida's Committees & Networks will be emailed to you upon process of your application. Please include those individuals who would like to receive BioFlorida news and invites to both local and statewide bioscience events.

① Name _____ Title _____

Email Address _____

② Name _____ Title _____

Email Address _____

③ Name _____ Title _____

Email Address _____

PAYMENT INFORMATION

1. Select Level

- Standard < \$40M Research Expenditures \$825
- Standard > \$40M Research Expenditures \$2,500
- Preferred \$3,000
- Leadership \$7,500

2. Select Payment

- Check # _____ Invoice Requested
- Credit Card Visa MasterCard AMEX

Name on Credit Card _____

Credit Card No. _____

Exp. Date _____

Security Code _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Signature _____

Date _____

Please note: Once your credit card is processed, you will receive a receipt via email.