

## 2010 SUPPORTING MEMBERSHIP APPLICATION - INDUSTRY SERVICE

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)

- Enabling & Platform Technologies (products support discovery and R&D)
- Government Agency
- Legal Services
- Trade Association
- Economic Development Organization
- Marketing & Design Services
- Public Relations
- Professional Consulting
- Clinical/Research Consulting
- Financial Services
- 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](mailto: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 \$825
- 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.