



## INSTITUTIONAL MEMBERSHIP APPLICATION

DATE _____	NO. OF U.S. EMPLOYEES _____
COMPANY NAME _____	
HEADQUARTERS (CITY, STATE) _____	YEAR ESTABLISHED _____

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
- College / University
- Research Institution

COMPANY DESCRIPTION (not to exceed 25 words)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please email high res JPG of company logo to [admin@bioflorida.com](mailto:admin@bioflorida.com)

### BIOFLORIDA MEMBERSHIP Email additional contacts to [admin@bioflorida.com](mailto:admin@bioflorida.com).

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.

_____	_____
Name	Title
_____	
Email Address	
_____	
_____	_____
Name	Title
_____	
Email Address	
_____	
_____	_____
Name	Title
_____	
Email Address	
_____	

### PAYMENT INFORMATION

- Select Appropriate Level
 

<input type="checkbox"/> Standard < \$40M Research Expenditures	\$825
<input type="checkbox"/> Standard > \$40M Research Expenditures	\$2,500
<input type="checkbox"/> Preferred	\$3,500
<input type="checkbox"/> Leadership	\$7,500

- Select Payment
 

<input type="checkbox"/> Check # _____	<input type="checkbox"/> Invoice Requested
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> 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.