



New  Renewal Date: \_\_\_\_\_

# INDUSTRY MEMBERSHIP APPLICATION

## COMPANY INFORMATION

Company Name \_\_\_\_\_ Private \_\_\_ Public \_\_\_ Ticker Symbol \_\_\_\_\_  
 Phone \_\_\_\_\_ Are you a virtual company? Yes \_\_\_ No \_\_\_  
 Address \_\_\_\_\_ Do you have a lab? Yes \_\_\_ No \_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Do you have a cleanroom? Yes \_\_\_ No \_\_\_  
 Company Website \_\_\_\_\_ Your fiscal year starts \_\_\_\_\_  
 # of Employees in So Cal \_\_\_\_\_ # of Employees Worldwide \_\_\_\_\_

## PRIMARY CONTACTS

**PRIMARY CONTACT** (Responsibilities include receipt of all official correspondence, designation of company personnel to serve on Biocom committees and updates of company information)

Name & Title	Email	Phone
_____	_____	_____

**BILLING CONTACT** (Responsibilities include receipt of membership invoice and payment of membership dues)

Name & Title	Email	Phone
_____	_____	_____

**ALTERNATE CONTACT** (Responsibilities include receipt of all official correspondences if primary contact is unavailable)

Name & Title	Email	Phone
_____	_____	_____

**SECONDARY BILLING CONTACT** (Responsibilities include receipt of membership invoice and payment of membership dues if primary billing contact is unavailable)

Name & Title	Email	Phone
_____	_____	_____

## COMPANY CONTACTS

CEO/ President _____ Email/ Phone _____	Purchasing Contact _____ Email/ Phone _____
CEO Assistant _____ Email/ Phone _____	Facilities _____ Email/ Phone _____
CFO _____ Email/ Phone _____	Government Affairs _____ Email/ Phone _____
CSO/CMO _____ Email/ Phone _____	Business Development _____ Email/ Phone _____
Director of R&D _____ Email/ Phone _____	IR/Communications _____ Email/ Phone _____
Clinical/ Regulatory Affairs _____ Email/ Phone _____	IT Administrator _____ Email/ Phone _____
Human Resources _____ Email/ Phone _____	Travel Administrator _____ Email/ Phone _____
Office Administrator _____ Email/ Phone _____	

## INDUSTRY SEGMENT & MARKET FOCUS (Check all that apply that describe your company)

### Product Pipeline

- Academic
- Bioinformatics
- Biorenewables
- Clinical Research
- Contract Manufacturer
- Contract Research
- Devices
- Diagnostics
- Drug Delivery
- Drug Development
- Digital Health
- Genetics/ Genomics
- Government
- Molecular Diagnostics
- Nanotechnology
- Proteomics
- Regional, State or National Industry Organization

- Stem Cell Research
- Research Institution
- Research Tools *(products support discovery and R&D)*
- Therapeutics *(Majority are biologics)*
- Therapeutics *(Majority are small molecules)*
- Vaccines

### Stage of Development

- Preclinical/Research
- Phase I
- Phase II
- Phase III
- Phase IV
- On Market

### Market Focus

- Autoimmune Disease
- Cardiovascular
- Central Nervous System
- Chemicals
- Dermatology
- Endocrinology
- Gastroenterology
- Genetic Disorders
- Hematology
- Imaging
- Immunology
- Infectious Diseases
- Inflammatory Disease
- Mental Health
- Metabolic
- Musculoskeletal
- Neurology
- Nutraceuticals
- Oncology
- Pain
- Personal Care
- Pulmonary
- Regenerative Medicine
- Renal
- Reproductive Medicine
- Respiratory
- Transgenics
- Urology

## MEMBERSHIP CATEGORIES

### Life Science Industry Membership Level/ Annual Dues (check one)

- |  |                                   |                |  |
|--|-----------------------------------|----------------|--|
| <input type="checkbox"/> 500+ employees .....        | <input type="checkbox"/> \$28,000 | <b>PREMIUM</b> | <input type="checkbox"/> <b>\$33,500</b> |
| <input type="checkbox"/> 251 - 499 employees .....   | <input type="checkbox"/> \$23,000 |                | <input type="checkbox"/> <b>\$28,500</b> |
| <input type="checkbox"/> 201 - 250 employees .....   | <input type="checkbox"/> \$17,000 |                | <input type="checkbox"/> <b>\$22,500</b> |
| <input type="checkbox"/> 151 - 200 employees .....   | <input type="checkbox"/> \$16,000 |                | <input type="checkbox"/> <b>\$21,500</b> |
| <input type="checkbox"/> 101 - 150 employees.....    | <input type="checkbox"/> \$14,000 |                | <input type="checkbox"/> <b>\$19,500</b> |
| <input type="checkbox"/> 51-100 employees.....       | <input type="checkbox"/> \$9,000  |                | <input type="checkbox"/> <b>\$14,500</b> |
| <input type="checkbox"/> 26-50 employees.....        | <input type="checkbox"/> \$6,500  |                | <input type="checkbox"/> <b>\$12,000</b> |
| <input type="checkbox"/> 11-25 employees.....        | <input type="checkbox"/> \$3,500  |                | <input type="checkbox"/> <b>\$9,000</b>  |
| <input type="checkbox"/> Less than 10 employees..... | <input type="checkbox"/> \$1,500  |                | <input type="checkbox"/> <b>\$7,000</b>  |

**Premium Membership offers you maximum exposure opportunities and access to exclusive events in the life science community.**

### Non-Profit Membership Level (check one)

- |  |                                  |   |
|--|----------------------------------|---|
| Research Institutions:                               |                                  | <b>PREMIUM</b>                          |
| <input type="checkbox"/> more than 26 employees..... | <input type="checkbox"/> \$3,000 | <input type="checkbox"/> <b>\$8,500</b> |
| <input type="checkbox"/> less than 25 employees..... | <input type="checkbox"/> \$2,000 | <input type="checkbox"/> <b>\$7,500</b> |
| <input type="checkbox"/> Trade Associations .....    | <input type="checkbox"/> \$1,600 | <input type="checkbox"/> <b>\$7,100</b> |
| <input type="checkbox"/> Academic Institutions ..... | <input type="checkbox"/> \$1,600 | <input type="checkbox"/> <b>\$7,100</b> |
| <input type="checkbox"/> Other .....                 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> <b>\$8,000</b> |

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

## PAYMENT (Full payment must accompany this form. Dues are valid for one year.)

I \_\_\_\_\_, on behalf of \_\_\_\_\_  
(hereafter "company") affirm that company's membership will automatically renew and be considered due annually upon company's anniversary date. Membership cancellations must be received in writing prior to your renewal date via email to the membership department at membership@biocom.org.

Signature \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

\* BIOCUM RESERVES THE RIGHT TO CANCEL MEMBERSHIP AT ANY TIME

Dues Amount: \$ \_\_\_\_\_  
 Check Enclosed (please make checks payable to BIOCUM)  
 Credit Card Payment:  AMEX  VISA  MC  
 Credit Card # \_\_\_\_\_  
 Name on Credit Card \_\_\_\_\_  
 Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please mail or fax completed form to:  
 Biocom Membership Department  
 10996 Torreyana Rd, Suite 200, San Diego, CA 92121  
 P: 858.455.0300 F: 858.455.0022, kjenkins@biocom.org

FOR OFFICE USE ONLY

App. Rcvd \_\_\_\_\_

CDA on file \_\_\_\_\_

Lead source \_\_\_\_\_