



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

# PROVIDER 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 \_\_\_\_\_

CEO Assistant \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

CFO \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

CSO/CMO \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

Director of R&D \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

Clinical/ Regulatory Affairs \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

Human Resources \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

Office Administrator \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

Purchasing Contact \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

Facilities \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

Government Affairs \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

Business Development \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

IR/Communications \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

IT Administrator \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

Travel Administrator \_\_\_\_\_  
 Email/ Phone \_\_\_\_\_

## SERVICE FOCUS (Check all that apply that describe your company)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Academic                            | <input type="checkbox"/> Information Technology         | <input type="checkbox"/> Recruitment     |
| <input type="checkbox"/> Accounting                          | <input type="checkbox"/> Institutional Investor         | <input type="checkbox"/> Real Estate     |
| <input type="checkbox"/> Business Development                | <input type="checkbox"/> Insurance                      | <input type="checkbox"/> Venture Capital |
| <input type="checkbox"/> Construction/ Architecture          | <input type="checkbox"/> Investment Bank                | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Consulting                          | <input type="checkbox"/> Investor Relations             | _____                                    |
| <input type="checkbox"/> Corporate Communications/ Marketing | <input type="checkbox"/> Laboratory Equipment/ Supplier |  |
| <input type="checkbox"/> Hospital                            | <input type="checkbox"/> Legal Services                 |  |

## MEMBERSHIP CATEGORIES

### Service Provider Membership Level/ Annual Dues (check one)

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Premium Membership .....  | <input type="checkbox"/> \$16,000 |
| <input type="checkbox"/> Key Provider .....        | <input type="checkbox"/> \$10,500 |
| <input type="checkbox"/> Provider .....            | <input type="checkbox"/> \$4,500  |
| <input type="checkbox"/> Venture Capital Firm..... | <input type="checkbox"/> \$6,500  |

## 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 \_\_\_\_\_

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

Dues Amount: \$ \_\_\_\_\_

Check Enclosed (please make checks payable to BIOCOM)

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

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

FOR OFFICE USE ONLY

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

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

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