

INDUSTRY MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name _____
Phone _____
Address _____
City _____ State _____ Zip _____
Company Website _____

Private Public Ticker Symbol _____
Do you have a lab? Yes No
Do you have a cleanroom? Yes No
Fiscal year start date _____
SIC code _____

PRIMARY CONTACTS

PRIMARY CONTACT (Responsibilities include receipt of all official correspondence, designation of company personnel to serve on OregonBio 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 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 _____

CFO _____
Email _____
Phone _____

CSO/CMO _____
Email _____
Phone _____

Director of R&D _____
Email _____
Phone _____

CPO _____
Email _____
Phone _____

Other _____
Email _____
Phone _____

Purchasing Contact _____
Email _____
Phone _____

Government Affairs _____
Email _____
Phone _____

Business Development _____
Email _____
Phone _____

Clinical/Regulatory Affairs _____
Email _____
Phone _____

Office Administrator _____
Email _____
Phone _____

Other _____
Email _____
Phone _____

Would you like to join a committee? Yes No

INDUSTRY TYPE (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic Institutions | <input type="checkbox"/> Government Organizations | <input type="checkbox"/> Basic |
| <input type="checkbox"/> Manufacturing Companies | <input type="checkbox"/> Healthcare Industry | <input type="checkbox"/> Applied/Clinical |
| <input type="checkbox"/> Chemical Manufacturing | <input type="checkbox"/> Hospitals & Clinics | <input type="checkbox"/> Contract |
| <input type="checkbox"/> Contract Manufacturing | <input type="checkbox"/> Medical Laboratories | <input type="checkbox"/> Research Tools |
| <input type="checkbox"/> Equipment Manufacturing | <input type="checkbox"/> Incubators & Accelerators | <input type="checkbox"/> Therapeutic Companies |
| <input type="checkbox"/> Consumer Products | <input type="checkbox"/> Industry Organizations | <input type="checkbox"/> Small Molecules |
| <input type="checkbox"/> Diagnostics & Assays | <input type="checkbox"/> Medical Devices | <input type="checkbox"/> Biologics |
| <input type="checkbox"/> Digital Health Companies | <input type="checkbox"/> Nonprofit Organizations | <input type="checkbox"/> Drug Delivery |
| <input type="checkbox"/> Genetics & Genomics | <input type="checkbox"/> Research Organizations | <input type="checkbox"/> Vaccines |

MEMBERSHIP CATEGORIES (please select one)

Premium Memberships (See Prospectus for Recognition Details)

Open to all Industry applicants, level must be at or above Standard Membership pricing

Platinum	\$22,000	<input type="checkbox"/>
Diamond	\$11,000	<input type="checkbox"/>
Emerald	\$7,500	<input type="checkbox"/>
Gold	\$5,500	<input type="checkbox"/>
Silver	\$3,300	<input type="checkbox"/>

Standard Memberships

Industry Core Members <i>Based on number of employees</i>	1-5	6-19	20-39	40-89	90-149	150+
		\$275	\$525	\$800	\$1,100	\$2,200
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Research and Academia Members *Gold level membership required to participate on GAAC.*

Accelerators, Incubators, and Trade Associations	\$3,000	<input type="checkbox"/>
K-12 Education	\$550	<input type="checkbox"/>
Community Colleges	\$1,100	<input type="checkbox"/>
University/College/Institute Less than \$50M Bioscience Research	\$2,200	<input type="checkbox"/>
University/College/Institute \$50M - 200M Bioscience Research	\$4,400	<input type="checkbox"/>
University/College/Institute more than \$200M Bioscience Research	\$8,800	<input type="checkbox"/>
Non-Profit and Government Members	\$825	<input type="checkbox"/>
Hospitals	\$2,200	<input type="checkbox"/>

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 30 days in writing prior to your renewal date via email to the membership department at Julie@oregonbio.org

Signature _____

Title _____ Date _____

Dues Amount \$ _____

Check Enclosed (please make checks payable to Oregon Bioscience Association)

Credit Card Payment: AMEX VISA MC

Click to download our [Credit Card Authorization Form](#)

Please mail, fax or email completed form to:
 Oregon Bioscience Association (Attn: Membership)
 2828 S Corbett Ave., Portland, OR 97201 Office: (503) 548-4432 Email: julie@oregonbio.org