

Membership Form 2017-2018

Membership Year: April 1, 2017–March 31, 2018

Company / Organization Information

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____ # WI Employees: _____

Additional WI Locations (To assist in BioForward's Government Affairs efforts):

Business Description Please attach another sheet if necessary. *If you are a renewing member, the following should only be completed if you would like to make changes to your online business description.*

Research, Service & Product Provider or Institute (Check all that apply)	Bio-Health Company (Check all that apply)
<input type="checkbox"/> Banking, Investment, Venture Capital	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Business Support Products & Services	<input type="checkbox"/> Bioinformatics
<input type="checkbox"/> Consulting—Product Design / Development	<input type="checkbox"/> Contract Clinical Trials
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Contract GMP Manufacturing
<input type="checkbox"/> Education / Academic	<input type="checkbox"/> Contract R&D Services
<input type="checkbox"/> Facility Planning / Design / Construction / Leasing	<input type="checkbox"/> Diagnostics
<input type="checkbox"/> Government	<input type="checkbox"/> Health IT
<input type="checkbox"/> HR / OD Consulting	<input type="checkbox"/> Laboratory Instruments
<input type="checkbox"/> Insurance	<input type="checkbox"/> Medical Devices
<input type="checkbox"/> Law	<input type="checkbox"/> Medical Testing
<input type="checkbox"/> Marketing / Media / Communications	<input type="checkbox"/> Nutraceuticals
<input type="checkbox"/> Material / Component Supplier	<input type="checkbox"/> Reagents / Kits
<input type="checkbox"/> Non-profit	<input type="checkbox"/> Therapeutics
<input type="checkbox"/> Regulatory / Compliance	<input type="checkbox"/> Veterinary Medicine
<input type="checkbox"/> Technology Transfer	<input type="checkbox"/> Other: (please elaborate) _____
<input type="checkbox"/> Utilities	
<input type="checkbox"/> Other: (please elaborate) _____	

BioForward Membership Categories

Base Membership	Medallion Membership
< 10 Employees \$400	Bronze \$5,000
11-24 Employees \$750	Silver \$10,000
25-100 Employees \$1,300	Gold \$15,000
>100 Employees \$3,000	Platinum \$20,000
Government/Nonprofit/ Education/ \$500	

Primary Contact Information

First Name: _____ **Last Name:** _____

Title: _____ **Email:** _____

Mobile phone: _____ **Business phone:** _____

Additional Contacts: (Please provide HR Contact, Purchasing Contact. Attach additional sheet if needed. Those added will receive our communications on events and news)

Name	Title	Email	Phone

Select Savings Program: (BioForward’s Purchasing Consortium—Please Select Partners of Interest)

- | | | |
|--|--|--|
| <input type="checkbox"/> Airgas | <input type="checkbox"/> CHUBB Insurance | <input type="checkbox"/> Sharevault |
| <input type="checkbox"/> Aberdeen Consulting | <input type="checkbox"/> Fisher Scientific | <input type="checkbox"/> The Payroll Company |
| <input type="checkbox"/> Business Wire | <input type="checkbox"/> Office Depot | <input type="checkbox"/> UPS |

Please send the Membership Form to BioForward at the address below or email to bmoeller@bioforward.org.
Thank you for your membership!