

AZBio 2010 MEMBERSHIP APPLICATION

My organization hereby applies for membership in the Arizona BioIndustry Association.

COMPANY INFORMATION

Company Name _____ Date _____

Number of Employees _____ Website _____

Street Address _____

City _____ State _____ Zip Code _____

Main Phone _____ Fax _____

Primary Contact Name _____ Job Title _____

Contact's Direct Phone _____ Contact's E-mail _____

MEMBER CATEGORIES (Please see second page for definitions)

<input type="checkbox"/> Bioscience Company Members	<input type="checkbox"/> Associate Members	<input type="checkbox"/> Institutional Members
Please check one primary business focus	Please check one primary business focus	Please check one primary business focus
<input type="checkbox"/> Agricultural Feedstock & Chemicals <input type="checkbox"/> Drugs & Pharmaceuticals <input type="checkbox"/> Medical Devices & Equipment <input type="checkbox"/> Hospitals & Clinical Research Institutions <input type="checkbox"/> Research, Testing & Medical Laboratories <input type="checkbox"/> Other <i>(please describe)</i> _____ _____	<input type="checkbox"/> Business & Financial Consulting <input type="checkbox"/> Investment & Capital Firms <input type="checkbox"/> Information Technology <input type="checkbox"/> Insurance <input type="checkbox"/> Human Resources & Staffing <input type="checkbox"/> Law Firms <input type="checkbox"/> Marketing/Communication <input type="checkbox"/> Packaging/Delivery <input type="checkbox"/> Real Estate & Property Development <input type="checkbox"/> Publications <input type="checkbox"/> Cleanroom Operations & Mechanics <input type="checkbox"/> Other <i>(please describe)</i> _____ _____	<input type="checkbox"/> Academic <input type="checkbox"/> Collaborating Institutions <input type="checkbox"/> Bio-educational Institutions <input type="checkbox"/> State/Local Government <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Non-Profit Research Institute <input type="checkbox"/> Other <i>(please describe)</i> _____ _____

METHOD OF PAYMENT

Please email me an invoice for my organizations membership dues and premium sponsorship *(if applicable)*.

Name *(If different from primary contact)* _____

Email Address *(if different than primary contact)* _____

Enclosed is a check for membership dues and premium sponsorship *(if applicable)*.

Please charge my credit card for membership dues and premium sponsorship *(if applicable)*.

Visa

American Express

Mastercard

Name *(as it appears on card)*: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

I authorize AZBio to charge the following amount to this card: _____

Authorized Signature: _____

Please email, fax or mail the completed application and payment to:

**Arizona BioIndustry Association (AZBio)
1850 N. Central Avenue, Suite 1050
Phoenix, AZ 85004
Fax: (602) 385-3215
Email: membership@azbio.org**

Please contact us with any questions (602) 385-2175. Thank you for supporting AZBio!
