

# MEMBERSHIP APPLICATION

## COMPANY INFORMATION

Company: \_\_\_\_\_ CEO: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City: \_\_\_\_\_ Assistant: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Assistant Telephone Number: \_\_\_\_\_  
 Web Address: \_\_\_\_\_ Assistant Email: \_\_\_\_\_

\*Please attach a brief description of your company and any additional contacts not listed below with your application.

## HOW DID YOU FIND US?

Advocacy  Former Member  Referred by \_\_\_\_\_  
 Board Member \_\_\_\_\_  LSPA Staff Member \_\_\_\_\_  Other \_\_\_\_\_  
 Event \_\_\_\_\_  LSPA Website

## CONTACT INFORMATION Please complete all applicable fields.

### \*MAIN CONTACT

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### \*BILLING CONTACT

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### HUMAN RESOURCES CONTACT

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### CHIEF FINANCIAL OFFICER

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### CHIEF SCIENCE OFFICER

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### CHIEF BUSINESS OFFICER

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### PURCHASING CONTACT

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### OTHER CONTACT

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### OTHER CONTACT

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**MEMBERSHIP APPROVAL** (FOR INTERNAL USE ONLY)

**CEO APPROVAL** (FOR INTERNAL USE ONLY)

## MEMBERSHIP TYPE

### CORE MEMBER

- Biotechnology
- Diagnostic
- Pharmaceutical
- Medical Device
- Digital Health
- Funding & Investment

### ASSOCIATE MEMBER

- CRO Performing Clinical Trial & Data Management Services
- Contract Manufacturing
- Laboratory Services
- Service Provider  
(Legal, Accounting, Insurance, Marketing, Real Estate, etc.)

## CORE MEMBERS - DUES

Organizations performing biotechnology or pharmaceutical research and development, drug discovery, medical device development, and contract research organizations performing preclinical research. Membership dues are based on the number of employees in Pennsylvania.

Annual Membership Dues are:

- 1–5 employees \$270
- 6–9 employees \$565
- 10–19 employees \$1,290
- 20 – 49 employees \$2,460
- 50 – 99 employees \$4,920
- 100 – 199 employees \$6,255
- 200 – 299 employees \$7,535
- 300+ employees \$13,990

Lab Onsite

Number of FTE Employees in Pennsylvania: \_\_\_\_\_

## AREAS OF FOCUS

*Check all that apply*

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Autoimmune/Inflammatory | <input type="checkbox"/> Eye and Ear        | <input type="checkbox"/> Musculoskeletal       | <input type="checkbox"/> Reproductive Medicine    |
| <input type="checkbox"/> Cancer/Oncology         | <input type="checkbox"/> Gastrointestinal   | <input type="checkbox"/> Neuroscience          | <input type="checkbox"/> Respiratory              |
| <input type="checkbox"/> Cardiovascular          | <input type="checkbox"/> Genetic Disorders  | <input type="checkbox"/> Nutrition/Metabolism  | <input type="checkbox"/> Tissue Engineering       |
| <input type="checkbox"/> Cell/Gene Therapy       | <input type="checkbox"/> Hematological      | <input type="checkbox"/> Pain                  | <input type="checkbox"/> Transplant Medicine      |
| <input type="checkbox"/> Central Nervous System  | <input type="checkbox"/> Immune System      | <input type="checkbox"/> Pulmonary             | <input type="checkbox"/> Urology                  |
| <input type="checkbox"/> Dermatology             | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Regenerative Medicine | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Endocrine               | <input type="checkbox"/> Mental Health      | <input type="checkbox"/> Renal                 | <input type="checkbox"/> Rare Disease/Orphan Drug |

## ASSOCIATE MEMBERS - DUES

Businesses providing consulting and business services to the life sciences industry. Membership dues are based on the number of employees in Pennsylvania.

Annual Membership dues are:

- Sole Proprietor \*\* \$590
- 1 – 24 employees – \$1,290
- 25 – 49 employees – \$1,845
- 50 – 99 employees – \$3,770
- 100+ employees – \$4,920

## UNIVERSITY/NONPROFIT/COLLEGE - DUES

Annual Membership dues are:

- University/Research Institution – \$1,845
- Nonprofit – \$1,745
- College – \$565
- Patient Advocacy Group – \$0

## DIAMOND MEMBER

Organizations that elect to become Diamond sponsors of the Association make a clear commitment to leading growth of the life sciences in Pennsylvania by supporting legislative communications, joint life science business activities, business networking, and public education.

Annual Membership dues are: \$32,300

## LEADERSHIP MEMBER

Organizations that choose to become Leadership Members demonstrate their interest in fostering the growth of the life sciences in Pennsylvania along the entire spectrum of activities supported by the Association.

Annual Membership dues are: \$13,990

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*Membership in Life Sciences PA is reserved for organizations that support the growth and success of the life sciences industry in Pennsylvania. Applications are subject to review and approval by LSPA, including confirmation that applicants meet necessary criteria for membership and appropriate membership classifications. LSPA reserves the right to reject an application for membership or opt to not renew a membership.*

Please send completed applications to Lois Stephens, Membership Director, [lstephens@lifesciencespa.org](mailto:lstephens@lifesciencespa.org)

Application Date: \_\_\_\_\_