

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 ☐ Medical Device ☐ Funding & Investment
☐ Diagnostic ☐ Digital Health*
☐ Pharmaceutical
- *Organizations researching, developing, and/or commercializing a product or device that includes software technology intended for use in the diagnosis, prevention, or treatment of disease and is subject to FDA regulatory oversight.

ASSOCIATE MEMBER

- ☐ CRO and/or CDMO
☐ Contract Manufacturing ☐ Service Provider
☐ Laboratory Services (Legal, Accounting, Insurance, Marketing, Real Estate, etc.)

CORE MEMBERS - DUES

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

Annual Membership Dues are:

- | | | |
|-----------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> 1–5 employees \$270 | <input type="checkbox"/> 20 – 49 employees \$2,460 | <input type="checkbox"/> 200 – 299 employees \$7,535 |
| <input type="checkbox"/> 6–9 employees \$565 | <input type="checkbox"/> 50 – 99 employees \$4,920 | <input type="checkbox"/> 300+ employees \$13,990 |
| <input type="checkbox"/> 10–19 employees \$1,290 | <input type="checkbox"/> 100 – 199 employees \$6,255 | |

☐ 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

MEMBERSHIP DUES

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

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

Application Date: _____