



# iBIO Membership Application

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company/Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Email Address Website Address

Do you require an invoice?  
\_\_\_\_\_

Preferred Contact Person:  
\_\_\_\_\_

Check Category	Qualifications	Fee
<b>Venture Firm</b>	<b>Life Science Funds Under Management- Midwest</b>	
	Venture Firms, Banks	\$1,000
<b>Service Providers</b>	<b>Description</b>	
	Sole proprietorship and startups	\$200
	Service Provider	\$1,000
<b>Companies</b>	<b>Life Sciences Revenues</b>	
	Sole proprietorship and startups	\$200
	Small	\$500
	Intermediate	\$1,000
	Medium	\$3,500
	Large	\$7,500
	Major	\$10,000
	<b>Description</b>	
<b>College or University/ Association</b>	College, University, 501(c) 6 or 501(c) 3 org	\$1,000
<b>International</b>	Consulates and Trade Offices, International NGOs	\$1,000

## Payment Method:

Check enclosed payable to  
"Illinois Biotechnology Industry  
Organization"

Charge my:  Visa   
MasterCard  AMEX

Card Number:  
\_\_\_\_\_

Exp. Date  
\_\_\_\_\_

Signature:  
\_\_\_\_\_

By applying, I certify that I/my company qualifies for the category checked above.

*Thank you for your support  
of iBIO!*