



# Application for Membership

Thank you for your interest in Membership in BioNJ!

As the industry's voice in New Jersey, we fulfill our mission by propelling the New Jersey biotechnology industry forward in support of patients. We do this by:

- Driving capital formation and fostering entrepreneurship;
- Advocating for public policies that advance medical innovation;
- Facilitating Peer to Peer Networking and knowledge sharing;
- Providing access to talent and education; and
- Offering a cost-saving array of critical commercial resources.

## Company Information (This must be completed.)

_____	_____
Main Contact	Country
_____	_____
Company Name	Telephone Number
_____	_____
Address	Company Web Site
_____	_____
City/State/Zip	Date of Application _____
_____	_____
County	Total Number of Employees _____

***\*\*Please attach a 50-100 word company description to your application. This is required in order to process your application.***

## Membership Categories (Please check one.)

- **Market Maker Member:** Organizations that affiliate with BioNJ at the highest level of support become our most esteemed partners and associates in the work of advancing the health of the biotechnology industry and the awareness of the most important industry in New Jersey. Annual dues are \$50,000.
- **Preferred Member:** Organizations that elect to become Preferred Members of the Association make a clear commitment and investment in the growth of the biotechnology industry in NJ by supporting legislative and regulatory efforts, life science business activities, business networking and education. Annual dues are \$30,000.
- **Executive Member:** Organizations that choose to become Executive Members demonstrate their interest in fostering the growth of biotechnology in NJ along the entire spectrum of activities supported by the Association. Annual dues are \$15,000.
- **Innovation Member:** Any corporation, partnership, association or other entity, with research and development activities that principally involve biotechnology or pharmaceutical research and development, manufacturing, diagnostics, drug discovery and technology transfer is eligible for Innovation Membership. These Members have voting rights. Dues are based upon the total number of people employed by the company. Annual dues are: \$350 for 1-10 employees for the first year (\$650 thereafter); \$1,500 for 11-20 employees; \$2,000 for 21-50 employees; \$4,000 for 51-100 employees; \$5,500 for 101-200 employees; \$6,500 for greater than 200 employees; and \$4,000 for greater than 300 employees-*sales only in NJ.*
- **Associate Member:** Any corporation, partnership, association or other entity with a substantial portion of business activities involving the provision of services or products of benefit to companies whose principal business is biotechnology, is eligible for Associate Membership. Dues are based upon the total number of people employed by the company. Annual dues are \$750 for fewer than 3 employees, \$1,250 for 4-10 employees; \$2,200 for 11-50; \$4,000 for 51-100 employees; \$5,000 for 101-200 employees; \$6,000 for 201-300 employees; \$7,500 for greater than 300 employees and \$4,000 for greater than 300 employees; *sales only in NJ.*
- **Institution Member:** Any non-profit institution not generally eligible for Innovation Membership, working in support of biotechnology, is eligible as an Institution Member. Annual dues are \$1,250.
- **International Member:** Any foreign enterprise, non-profit or government organization that does not have a USA presence is eligible for International Membership in order to support and interact with the New Jersey biotechnology community and use New Jersey as a landing pad for regional USA business development and exploration. Annual dues are \$1,250.
- **In-Transition Member:** This category is reserved for individuals with no company affiliation only. Annual dues are \$150.
- **Student Member:** Any student currently enrolled in college or graduate school with an interest in biotechnology is eligible for Student Membership. A copy of a student I.D. must accompany the application. Annual dues are \$50.

**Which category best describes the focus of your organization? (Circle all that apply.)**

- |   |   |  |
|---|---|--|
| Small Molecules                         | Contract Research                               | Accounting                                 |
| Biologics                               | Contract Manufacturing                          | Finance                                    |
| Vaccines                                | Clinical Research & Trials                      | Venture Capital                            |
| Medical Devices                         | Reagents, Probes, Genomics, Proteomics, etc.    | Human Resources & Recruiting               |
| Point-Of-Care                           | Instrumentation, Laboratory & Imaging Equipment | Communications, Marketing & PR             |
| Digital Health                          | Assay Dev., Biology & Chemistry                 | General Office Shipping & Printing         |
| Food & Agriculture                      | Pre-Clinical Testing Services                   | Government                                 |
| Natural Products                        | Materials & Delivery Technologies               | Academic Research Institute                |
| Drug Delivery Technology & Biomaterials | Data & Information Software                     | Foundation                                 |
| Biomarkers, Companion Diagnostics       | Informatics                                     | International Trade & Economic Development |
| Consumer Products, Flavors & Fragrances | Industrial & Environmental                      | Patient Advocacy Group                     |
|   | Legal & Intellectual Property                   |  |

Does your organization have laboratories in New Jersey? \_\_\_\_\_

Is your organization headquartered in New Jersey? \_\_\_\_\_

**Employee Information**

\_\_\_\_\_  
CEO/President - Name & Title & E-mail

\_\_\_\_\_  
CFO/Finance - Name & Title & E-mail

\_\_\_\_\_  
Business Development - Name & Title & E-mail

\_\_\_\_\_  
Purchasing - Name & Title & E-mail

\_\_\_\_\_  
Human Resources - Name & Title & E-mail

\_\_\_\_\_  
Legal - Name & Title & E-mail

\_\_\_\_\_  
Chief Scientific Officer - Name & Title & E-mail

\_\_\_\_\_  
Corporate Communications - Name & Title & E-mail

**Key Membership Contact Information**

\_\_\_\_\_  
Primary Membership Contact Name

\_\_\_\_\_  
Alternate Membership Contact Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Direct Tel. Number/Fax Number

\_\_\_\_\_  
Direct Tel. Number/Fax Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail

**Payment**

Dues Amount: \$ \_\_\_\_\_ (Please make check payable to BioNJ. BioNJ is a 501(C) (6) tax exempt organization. BioNJ's tax ID number is: 22-3284393.)

**Statement of Support of BioNJ Principles and Agreement to BioNJ Information Practices**

BioNJ membership is available only to bona fide organizations that promote biotechnology research and support the growth and development of the biotech industry; and to organizations with public policy positions and business practices that are generally consistent with BioNJ's reputation and its policies and principles in support of innovation, including intellectual property, as determined by the Board of Trustees. BioNJ reserves the right to review applications for membership to confirm that the applicant meets these criteria for membership and for the specified categories of membership as per BioNJ's bylaws. BioNJ may, in its sole discretion, reject an application for membership or elect not to renew a membership.

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ (hereafter "Company"), affirm that Company generally supports BioNJ's public policy positions, and that the positions and business practices of Company are generally consistent with BioNJ's reputation and its policies and principles in support of innovation, including intellectual property.

I understand and agree that BioNJ and its partners may use the Company contact information and the personal information for the individuals listed in the Company's BioNJ Membership Application Form (the "Contacts") for a number of purposes, including: to communicate with the Company and the Contacts via telephone or through mail, facsimile, email or any other mode of communications; to provide notices and information to the Contacts about BioNJ, its activities and meetings and services, as well as its partners and their products and services; to maintain the information in its databases for use by BioNJ and its partners for the activities listed above and other activities that may be approved by BioNJ in the future. I acknowledge that this consent shall continue until receipt of a written request to BioNJ asking that it discontinue use of the Information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send your completed application and dues payment to:** BioNJ, 1255 Whitehorse-Mercerville Road, Building B-Suite 514, Trenton, NJ 08619  
**Please note that membership is effective upon receipt of dues payment.** Thank you.