

Membership Application

2019-2020

> Member Information

Organization	
Mailing Address	Primary Contact
	Title
City/State/Zip	Direct Tel
Main Tel	Mobile
Fax	E-Mail
Twitter @	Website
Company Description (primary products and/or services; markets/customers served; primary technologies, if applicable)	

> Areas of Interest

Please indicate your interest in participating in our six committees.

- | | |
|---|--|
| <input type="checkbox"/> Issues, Events & Services | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Science & Technology | <input type="checkbox"/> Governance & Nominating |
| <input type="checkbox"/> Marketing & Membership Development | <input type="checkbox"/> Government & Public Affairs |

> Additional Contacts

Please designate additional contacts within your organization to receive MedTech information. Complete the back of this form or include copies of the appropriate business cards.

> Organization Description and Logo

Please submit an organization logo and 150-word organization/technology description to aspranger@medtech.org. Logo should be either a vector file with fonts outlined, or a 300 dpi TIFF, EPS, or JPEG file (non-

> Dues Schedule

Please use the following information to calculate your organization's annual dues. Membership dues are automatically invoiced for renewal with each fiscal year; please contact MedTech to provide any updates to your membership support level or the number of individuals you employ in New York State.

Organizations can join as a Sustaining member and receive special recognition for their significant financial commitment to the New York State Bio/Med community. Exclusive benefits and opportunities are available to Sustainers - ask us for details.

- Sustaining: \$13,375

A Primary Member is a company involved in the development and commercialization of drugs, devices, diagnostics, and technologies with application in the medical marketplace, and any industry supplier.

NYS Employees

- | | |
|------------------------------------|---------|
| <input type="checkbox"/> 1 - 19 | \$900 |
| <input type="checkbox"/> 20 - 49 | \$1,900 |
| <input type="checkbox"/> 50 - 99 | \$2,800 |
| <input type="checkbox"/> 100 - 250 | \$4,500 |
| <input type="checkbox"/> 250 - 499 | \$4,800 |
| <input type="checkbox"/> Over 500 | \$6,700 |

A Research Affiliate Member is a college, university, research institution, or clinical organization involved in education or the advancement of drugs, devices, diagnostics, and enabling technologies.

- \$3,350

An Associate Member is a professional service firm, economic development agency, strategic partner, or other entity that supports and assists Bio/Med companies by offering expert advice and services.

NYS Employees

- | | |
|------------------------------------|---------|
| <input type="checkbox"/> 1 - 19 | \$1,200 |
| <input type="checkbox"/> 20 - 99 | \$2,800 |
| <input type="checkbox"/> 100 - 250 | \$3,200 |
| <input type="checkbox"/> 250 - 499 | \$3,800 |
| <input type="checkbox"/> Over 500 | \$4,800 |

Your investment in MedTech may be deductible as a business expense; please consult your tax professional.

> Certification

I certify that my company/institution employs people in New York State.

- My check for \$ is included with this application. Please bill me.

Signature: Title: Date:

> **MedTech Member Organization Contact Sheet**

Please designate additional contacts within your organization to receive MedTech information.
Complete this form or include copies of the appropriate business cards.

CEO and/or President

Name
Title
E-Mail
Tel
Fax

Operations & Facilities Contact

Name
Title
E-Mail
Tel
Fax

CFO

Name
Title
E-Mail
Tel
Fax

Regulatory Affairs Contact

Name
Title
E-Mail
Tel
Fax

Government/Public/Community Affairs Contact

Name
Title
E-Mail
Tel
Fax

Clinical & Medical Affairs Contact

Name
Title
E-Mail
Tel
Fax

General Counsel/Legal/IP Contact

Name
Title
E-Mail
Tel
Fax

Research Contact

Name
Title
E-Mail
Tel
Fax

Business Development/Strategic Partnerships Contact

Name
Title
E-Mail
Tel
Fax

Education/Training Contact

Name
Title
E-Mail
Tel
Fax

Communications/Marketing Contact

Name
Title
E-Mail
Tel
Fax

Product Development Contact

Name
Title
E-Mail
Tel
Fax

Human Resources Contact

Name
Title
E-Mail
Tel
Fax

Quality Assurance Contact

Name
Title
E-Mail
Tel
Fax