

FOR OFFICE USE ONLY	
Date:	_____
Member Since:	_____
Fisher Participant:	_____
Dues Amount: \$	_____

## Membership/Sponsorship Application

The South Dakota Biotechnology Association (SDBIO) represents biotechnology companies, academic institutions, state biotechnology centers and related organizations in South Dakota. SDBIO is an affiliate of the Biotechnology Industry Organization (BIO). SDBIO members are involved in the research and development of health care, agricultural, industrial and environmental biotechnology products and services.

### COMPANY INFORMATION

Please provide all information requested in this application. Incomplete applications will result in a delay of your membership benefits.

New     
  Renewal: Years of Membership \_\_\_\_\_

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

Headquarters Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Address 2 \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

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  Yes    KI  
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Number of Employees Worldwide \_\_\_\_\_ Number of Employees in South Dakota \_\_\_\_\_

Brief Description of Company/Organization \_\_\_\_\_

\$ \_\_\_\_\_ Type of Company/Organization:  
  Private  
  Non-Profit  
  Public \_\_\_\_\_  
 Last Year's Revenue in US Dollars

### MAIN COMPANY REPRESENTATIVE

As the designated company representative for South Dakota Biotech, your responsibilities include receiving all official correspondence, paying membership dues and updating company information.

\_\_\_\_\_  MR.    MS.    M.D.    PH.D.    J.D.  
 Name

\_\_\_\_\_ Email \_\_\_\_\_

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

## → COMPANY CONTACTS

Please list company representatives you would like included in the South Dakota Biotech contact list; they will receive information and invitations to events.

Name/Title	Email	Phone

## → INDUSTRY CATEGORIES & INFORMATION

Which category best describes your organization? (check all that apply)

- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Biofuels & Bioprocessing | <input type="checkbox"/> Diagnostics        | <input type="checkbox"/> Genomics        | <input type="checkbox"/> Vaccines    |
| <input type="checkbox"/> Bioinformatics           | <input type="checkbox"/> Drug Delivery      | <input type="checkbox"/> Healthcare      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Business Development     | <input type="checkbox"/> Education          | <input type="checkbox"/> Medical Devices | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Biopharmaceuticals       | <input type="checkbox"/> Food & Agriculture | <input type="checkbox"/> Therapeutics    | <input type="checkbox"/> Other _____ |

How did you learn about South Dakota Biotech?

- |   |  |
|---|--|
| <input type="checkbox"/> Referred (by: _____) | <input type="checkbox"/> Web Site                      |
| <input type="checkbox"/> Trade Show           | <input type="checkbox"/> Other (Please Describe) _____ |
| <input type="checkbox"/> Mailing              |  |

What are your primary reasons for joining South Dakota Biotech?

- |   |   |
|---|---|
| <input type="checkbox"/> Networking           | <input type="checkbox"/> Business Development Opportunities     |
| <input type="checkbox"/> Conferences          | <input type="checkbox"/> Membership Discounts (Fisher Contract) |
| <input type="checkbox"/> Advocacy             | <input type="checkbox"/> Business Services and Savings          |
| <input type="checkbox"/> Industry Information | <input type="checkbox"/> Other (Please Describe) _____          |

## → MEMBERSHIP CATEGORIES (CHECK ONE)

### Full Membership

Any corporation, partnership, association, or other entity whose business activities involve biotechnology or products derived from biotechnology, OR with a substantial portion of business activities involve providing services or products of benefit to companies which business activities include biotechnology, or with a demonstrable interest in biotechnology and the life sciences. Members shall enjoy the privileges designated by the Board of Directors and shall have full voting privileges (mark one of the below).

- \_\_\_ **Industry** Industry membership dues are based on the gross revenue of a company. If your company has revenues:
- Less than \$1 million, annual dues—\$1,000.
  - Between \$1 million and \$7 million, annual dues—\$3,000.
  - Over \$7 million, annual dues—\$6,000.

\_\_\_ **University:** Any public or private post-secondary academic institution that utilizes life sciences or other biotechnology and is involved with research and/or development of a product or information. Annual dues—\$3,000.

\_\_\_ **Service Provider or Financial Institution:** Any firm that provides professional services to members of the life science and biotech industry such as architects, accountants, attorneys, consultants, engineers or banks. Annual dues—\$2,000.

\_\_\_ **Non-Profit Association:** Any non-profit association or governmental agency having an interest or supports biotechnology and South Dakota Biotech. Annual dues—\$500.

\_\_\_ **Start-up or Entrepreneur:** Start-ups or entrepreneurs in business less than two years having an interest in or support of biotechnology and South Dakota Biotech. Annual dues—\$500.

### Affiliate Membership

Entities or individuals whose activities include biotechnology or support the purpose of South Dakota Biotech. Affiliate membership criteria are defined below (mark one of the below):

\_\_\_ **Company Liaison:** Any Company based outside South Dakota with an interest in an advocacy presence within the state and South Dakota biotechnology. Annual dues—\$1,000.

\_\_\_ **Private Individual:** Annual dues—\$100.

\_\_\_ **Student:** (must `l j mibqb a pqrabkq application). Annual dues—Free.

# PAYMENT

Dues Amount \$ \_\_\_\_\_ Sponsorship Amount \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_  Check if you would like an invoice mailed.

Check Enclosed (Please make checks payable to South Dakota Biotech)

Credit Card Payment      \_\_\_AMEX    \_\_\_VISA    \_\_\_MC

\_\_\_\_\_  
Credit Card # Exp. Date

\_\_\_\_\_  
Name on Credit Card (please print)

\_\_\_\_\_  
Signature Date



**SOUTH DAKOTA BIOTECH**  
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JONI JOHNSON // *executive director*

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Connect. Collaborate. Innovate.