BIOFLORIDA

2010 INDIVIDUAL MEMBERSHIP APPLICATION

DATE _____

Name

Title

Address

City State Zip

Website

Phone

Email Address

PRIMARY BUSINESS/OPERATION CATEGORY

(Choose the category that best describes your primary function)

- ☐ Full-Time Student
- ☐ Seeking Employment
- ☐ Independent Consultant
- ☐ Retired
- ☐ No Company Affiliation

MEMBER DIRECTORY INFORMATION

The information provided below will be used in BioFlorida's Online Directory as well as BioFlorida's printed 2011 Member Directory.

Name

Email Address

COMMITTEES & NETWORKS

All BioFlorida members are entitled to sit on Committees and participate in Networks. Specific information on BioFlorida's Committees & Networks will be emailed to you upon process of your application.

PAYMENT INFORMATION

1. Select Level

☐ Standard $375

2. Select Payment

☐ Check #_____ ☐ Invoice Requested

☐ Credit Card ☐ Visa ☐ MasterCard ☐ AMEX

Name on Credit Card

Credit Card No.

Exp. Date Security Code

Credit Card Billing Address

City State Zip

Signature Date

Please note: Once your credit card is processed, you will receive a receipt via email.

Mail Membership Application/Payment to: BioFlorida, Inc. 525 Okeechobee Blvd., Suite 1500 West Palm Beach, FL 33401
Phone: 561.653.3839 Fax: 561.653.3840 www.bioflorida.com