

Incubator+plus Membership Application 2022-2023

Submit application to sbuckles@medtech.org

> Member Information

Incubator Organization Name	
Mailing Address	Primary Contact
	Title
City/State/Zip	Direct Tel
Main Tel	Mobile
Fax	E-Mail
Twitter @	Website

Primary Products and/or Services.....

Primary 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"/> Workforce Development | <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 sbuckles@medtech.org. Logo should be either a vector file with fonts outlined, or a 300 dpi TIFF, EPS, or JPEG file (non-animated). **Please submit logo and description for each of your companies who are joining MedTech. Send to Sarah at sbuckles@medtech.org.**

> Dues Schedule

\$1,000 per year

- > This provides you with MedTech memberships for 10 of your incubator/accelerator/StartUpNY tenants and their employees. Membership dues are automatically invoiced for renewal with each fiscal year. At renewal each year, you will have the opportunity to provide us with any changes to your tenant names that will be taking advantage of the MedTech membership. Changes can also be made throughout the year if appropriate and approved by both the incubator's primary contact and MedTech staff.

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

> Certification

I certify that my organization is an incubator/accelerator with clients working in the bio/med industry of New York State.....

An invoice will be issued upon receipt of this application.

Please provide name/email of billing contact if different from primary contact

Signature: Title: Date:

> MedTech Member Organization Contact Sheet

Please designate contacts within your organization as well as company names and contact information for your tenants who will receive MedTech membership (up to 10).

Incubator Contact

Name

Title

E-Mail

Tel

Fax

Incubator Contact

Name

Title

E-Mail

Tel

Fax

Membership #1

Company Name

Contact Name/Title

E-Mail

Tel

Primary Product & Primary Market Served:

Membership #2

Company Name

Contact Name/Title

E-Mail

Tel

Primary Product & Primary Market Served:

Membership #3

Company Name

Contact Name/Title

E-Mail

Tel

Primary Product & Primary Market Served:

Membership #4

Company Name

Contact Name/Title

E-Mail

Tel

Primary Product & Primary Market Served:

Membership #5

Company Name

Contact Name/Title

E-Mail

Tel

Primary Product & Primary Market Served:

Membership #6

Company Name

Contact Name/Title

E-Mail

Tel

Primary Product & Primary Market Served:

Membership #7

Company Name

Contact Name/Title

E-Mail

Tel

Primary Product & Primary Market Served:

Membership #8

Company Name

Contact Name/Title

E-Mail

Tel

Primary Product & Primary Market Served:

Membership #9

Company Name

Contact Name/Title

E-Mail

Tel

Primary Product & Primary Market Served:

Membership #10

Company Name

Contact Name/Title

E-Mail

Tel

Primary Product & Primary Market Served: