Memberships Application
2018 - 2019

> Member Information

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

☐ Issues, Events & Services
☐ Finance
☐ Science & Technology
☐ Governance & Nominating
☐ Marketing & Membership Development
☐ 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-MedTech).

> 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.

A Research Affiliate Member is a college, university, research institution, or clinical organization involved in 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.

☐ $1,200

☐ $2,800

☐ $3,200

☐ $3,800

☐ $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.

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**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 [ ]
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**Regulatory Affairs Contact**

Name [ ]
Title [ ]
E-Mail [ ]
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**Government/Public/Community Affairs Contact**

Name [ ]
Title [ ]
E-Mail [ ]
Tel [ ]
Fax [ ]

**Clinical & Medical Affairs Contact**

Name [ ]
Title [ ]
E-Mail [ ]
Tel [ ]
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**General Counsel/Legal/IP Contact**

Name [ ]
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**Research Contact**

Name [ ]
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**Business Development/Strategic Partnerships Contact**

Name [ ]
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**Education/Training Contact**

Name [ ]
Title [ ]
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**Communications/Marketing Contact**

Name [ ]
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**Product Development Contact**

Name [ ]
Title [ ]
E-Mail [ ]
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**Human Resources Contact**

Name [ ]
Title [ ]
E-Mail [ ]
Tel [ ]
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**Quality Assurance Contact**

Name [ ]
Title [ ]
E-Mail [ ]
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