

# **MEMBERSHIP APPLICATION**

<b>COMPANY INFORMATION*</b>								
Company:	CEO:							
Address:	Email:							
	Telephone Number:							
	Fax Number:							
City:	Assistant:							
State: Zip:	Assistant Telephone Number:							
Web Address:	Assistant Email:							
* Please fill out if you are an individual or student applic	cant.							
Please attach a brief description of your company and	d any additional contacts not listed below with your application.							
CONTACT INFORMATION Please co	omplete all applicable fields.							
MAIN CONTACT	PURCHASING CONTACT							
Name:	Name:							
Title:	Title:							
Phone:	Phone:							
Cell:	Cell:							
Email*:	Email*:							
BILLING CONTACT	OTHER CONTACT							
Name:	Name:							
Title:	Title:							
Phone:	Phone:							
Cell:	Cell:							
Email*:	Email*:							

<sup>\*</sup> I understand that by providing email address(es), on behalf of the organization/company specified above, I consent the company/organization to receive emails sent by or on behalf of Life Science Oklahoma (LSOK). I understand LSOK will not share my e-mail address with other organizations.



## **MEMBERSHIP DUES**

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Champion (\$25,000) Advocate (\$15,000) Innovate (\$10,000) Collaborate (\$5,000)

#### **STANDARD LEVEL - DUES**

**Employee Counts Only** 

Annual Membership Dues are:

Student (\$50)

1 - 5 employees (\$250)

6 - 20 employees (\$750)

21 - 50 employees (\$1,500)

50 + employees (\$2,500)

#### **FORM OF PAYMENT**

Check Credit Card ACH

### **AREAS OF FOCUS**

Medical Devices & Related Foundation Capital Research & Testing

Diagnostic & Related Animal Health Biotech, Pharmaceutical & Nonprofit Related

Agtech Digital Health Research & Educational Government Institution

Service Providers Health Tech Community

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

Please send completed applications to Michelle Gregory at mgregory@lifesciok.com.