



# MEMBERSHIP APPLICATION

## COMPANY INFORMATION\*

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 applicant.

Please attach a brief description of your company and any additional contacts not listed below with your application.

## CONTACT INFORMATION Please complete all applicable fields.

### MAIN CONTACT

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email\*: \_\_\_\_\_

### PURCHASING CONTACT

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email\*: \_\_\_\_\_

### BILLING CONTACT

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email\*: \_\_\_\_\_

### OTHER CONTACT

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email\*: \_\_\_\_\_

\* 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.

