

Please indicate your membership type:

Health Industry Company

Any firm that develops, manufactures, markets or delivers healthcare products or services. *Examples:* pharmaceutical, medical device, research firm, hospital, etc.

- Revenue less than \$5M \$300
- Revenue between \$5M - \$10M \$1,000
- Revenue between \$10M - \$50M \$2,500
- Revenue between \$50M-\$100M \$5,000
- Revenue above \$100M \$10,000

University

- Major Research University \$5,000
- Other \$1,000

Health Industry Partner

Any organization that provides support service to health industry companies

- Under 10 Employees \$300
- 10-50 Employees \$1,000
- Over 50 Employees \$2,500

Other

- Incentive Membership \$300
- Incubator Membership \$0
- Other In-Kind Membership \$0
- Leadership Members \$25,000

Membership Information

Organization: _____

Web Site: _____

Address: _____

City, ST, Zip: _____

Phone: _____

Fax: _____

Primary Contact: _____

Title: _____

E-mail: _____

Additional Contacts and E-mail addresses:

1. _____

2. _____

3. _____

Investment Payment Preference

- Credit card (VISA, MasterCard)

Name on card: _____

Account number: _____

Expiration date: _____

Signature: _____

- Check enclosed
- Please invoice my organization.
- Please add my e-mail to the e-newsletter distribution list for bi-weekly updates.
- Add additional contacts to e-newsletter distribution list for weekly updates.

Thank you for your commitment to IHIF's mission of creating an environment that makes Indiana a premier location for the creation and growth of health industry enterprises.

Please return this form to IHIF via fax 317.278.9971 or mail to IHIF, 351 W. 10th Street, Suite 216, Indianapolis, IN 46202.

Questions? Contact 317.278.9970