



2010 Membership Application

Please indicate your membership type:

<u>Health Industry Company</u> Any firm that develops, manufactures, markets or delivers healthcare products or services. <i>Examples:</i> pharmaceutical, medical device, research firm, hospital, etc.		<u>Health Industry Partner</u> Any organization that provides support service to health industry companies	
<input type="checkbox"/> Revenue less than \$5M	\$500	<input type="checkbox"/> Individual	\$150
<input type="checkbox"/> Revenue between \$5M - \$10M	\$1,000	<input type="checkbox"/> 2 - 10 Employees	\$500
<input type="checkbox"/> Revenue between \$10M - \$50M	\$2,500	<input type="checkbox"/> 10-50 Employees	\$1,000
<input type="checkbox"/> Revenue between \$50M-\$100M	\$5,000	<input type="checkbox"/> Over 50 Employees	\$2,500
<input type="checkbox"/> Revenue above \$100M	\$10,000	<u>Incubator Fee</u> <input type="checkbox"/> Less than 10 Companies \$1,000 <input type="checkbox"/> More than 10 Companies \$2,500	
<input type="checkbox"/> Leadership Members	\$25,000	<u>University</u> <input type="checkbox"/> Major Research University \$5,000 <input type="checkbox"/> Other \$1,000	

Member Benefits

- Business networking conferences, breakfasts, and lunches
- Access to new statewide Indiana Life Sciences Economic Development Network
- Opportunities to join IHIF's strategic planning and events committees
- Advising and connections for entrepreneurs
- Access to executive briefings and magazine publications by IHIF
- Subscription to IHIF's monthly health industry newsletter
- Online link with company logo from IHIF's site to your business
- Special rates for products and services from partner vendors
- Opportunities to volunteer & collaborate with work groups as they are identified
- Opportunities to sponsor IHIF events



Membership Information

Organization: _____

Web Site: _____

Address: _____

City, ST, Zip: _____

Phone: _____ Fax: _____

President: _____

Email: _____

Primary Contact: _____

Title: _____

E-mail: _____

Human Resources Contact: _____

Title: _____

E-mail: _____

Business Development Contact: _____

Title: _____

E-mail: _____

Procurement Contact: _____

Title: _____

E-mail: _____

Number of Employees: _____

Company description for website:

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 and additional contacts to the e-newsletter distribution list for IHIF 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 and payment option 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