



Membership Application

Please type or print this form. Return it to New York Pharma Forum Inc., c/o Bridge Global Strategies LLC, 276 Fifth Avenue, Suite 205, New York, NY 10001 or fax it to (212) 967-1311.

Directions for completing this application:

There are two levels of membership in New York Pharma Forum Inc.

- **Regular Members** pay an annual membership fee of \$8,000, which covers attendance costs to all regular events and seminars of the Forum for up to four individuals.
- **Associate Members** pay an annual membership fee of \$3,500.

Dues will be payable pro rata depending on the date of acceptance. The letter of acceptance will indicate the amount of dues payable. Dues paid are non-refundable in the event a company resigns its membership.

Regular Membership and **Associate Membership** are available to both biopharmaceutical companies and other companies serving the life sciences industry

All applications will be reviewed and voted on by the New York Pharma Forum Inc. Membership Committee and the Board of Directors. The decision of the Board will be communicated to you by Bridge Global Strategies LLC, managing agents for the New York Pharma Forum Inc.

For more information about the Forum and about the benefits of membership, please read the descriptive materials on the Forum's website, at www.nypharmaforum.org.

1. Level of Membership:

Please indicate which level of membership you prefer:

Regular Membership Associate Membership

2. **Name of Company:** _____

3. **Address:** _____

Company website address: _____

4. **If company is a subsidiary, please give the name and headquarters address of parent company:**

5. **Please give a short description of your company's products or services in the following space:**

6. Forum Representative:

Please give the name and address of the person at your company who will serve as your representative to the Forum. This person will receive notification of upcoming Forum events, and, for Regular Members, will vote at Forum Annual Meetings. You may change the Forum representative from your company – if the person with that designation is transferred to another location, for example – by writing to Bridge Global Strategies LLC.

Name (include Dr. /Mr. /Ms.): _____

Title: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

7. If you are applying for Regular Membership, please specify any subsidiaries, joint ventures, or other “sister” companies (companies at least 50 percent owned by the same parent company as your company), that you would like your membership to cover. (The inclusion of these companies is subject to the approval of the Board of Directors).

Company Name: _____

Relationship to your company: _____

Company Name: _____

Relationship to your company: _____

8. Letters of Recommendation:

Please ask two current members (either Regular or Associate Members) of New York Pharma Forum Inc. to write letters of recommendation to accompany this application. These letters should state the reason why the applicant would be an appropriate member of the New York Pharma Forum Inc. The letters may be sent along with this application or mailed directly to Bridge Global Strategies LLC, by the person making the recommendation. A list of member companies is on the New York Pharma Forum website.

Signature of Applicant

Title of Applicant

Date of Application