

Association of Bioscience Financial Officers Northern California Chapter Membership Application/Renewal/Information Update Form	
Company Information:	
Name:	
Address:	
City, State, Zip:	
Brief Description of Business:	
State of Development:	
Research:	YES: NO:
Clinical Trials:	YES: NO:
Product Sales:	YES: NO:
Ownership:	
Privately held:	YES: NO:
Publicly held:	SYMBOL: EXCHANGE:
Company Data as of most recent fiscal year end:	
Annual revenues:	
Annual Operating Expenses:	
Headcount:	
PRIMARY ABFO COMPANY REPRESENTATIVE:	
Name:	
Title:	
Phone:	
Email:	
Company URL:	
Please list my company on the ABFO NorCal Website as indicated:	YES, with link to URL: YES, with link to URL and logo: YES, no link:
SECONDARY ABFO COMPANY REPRESENTATIVE:	
Name:	
Title:	
Phone:	
Email:	
ADDITIONAL ABFO REPRESENTATIVE:	
Name:	
Title:	

Phone:	
Email:	
ANNUAL MEMBERSHIP DUES PAYMENT:	
\$250 – less than 100 employees	
\$400 – 100 or more employees	
I am enclosing my check, payable to “ABFO”	
I am sending my check, payable to “ABFO” to:	ABFO P.O. Box 2103 Fremont, CA 94536-0103
I will use the on-line link to pay via PayPal.	http://www.norcalabfo.org/ABFOonline.html
THANK YOU!	