



Association of Bioscience Financial Officers Northern California Chapter

Membership Application/Renewal/Information Update Form

Company Information:	
<i>Name:</i>	
<i>Address:</i>	
<i>City, State, Zip:</i>	
Brief Description of Business:	
State of Development:	
<i>Research:</i>	YES: NO:
<i>Clinical Trials:</i>	YES: NO:
<i>Product Sales:</i>	YES: NO:
Ownership:	
<i>Privately held:</i>	YES: NO:
<i>Publicly held:</i>	SYMBOL: EXCHANGE:
Company Data as of most recent fiscal year end:	
<i>Annual revenues:</i>	
<i>Annual Operating Expenses:</i>	
<i>Headcount:</i>	
PRIMARY ABFO COMPANY REPRESENTATIVE:	
<i>Name:</i>	
<i>Title:</i>	
<i>Phone:</i>	
<i>Email:</i>	
<i>Company URL:</i>	
SECONDARY ABFO COMPANY REPRESENTATIVE:	
<i>Name:</i>	
<i>Title:</i>	
<i>Phone:</i>	
<i>Email:</i>	
ADDITIONAL ABFO REPRESENTATIVE:	
<i>Name:</i>	
<i>Title:</i>	
<i>Phone:</i>	
<i>Email:</i>	
ANNUAL MEMBERSHIP DUES:	
\$275 - Companies with up to 99 Employees	
\$475 - Companies with 100 up to 999 Employees	
\$1,000.00 - Companies with 1000 or more Employees	
<i>I am sending my check, payable to</i>	ABFO

<i>"ABFO" to:</i>	P.O. Box 2103 Fremont, CA 94536-0103
<i>I will use the on-line link to pay via PayPal.</i>	http://www.norcalabfo.org/ABFOonline.html
THANK YOU!	