Membership in the Pennsylvania Society for Biomedical Research

Membership is open by invitation to institutions, organizations, health voluntaries, and professional associations who support the mission of the Pennsylvania Society for Biomedical Research and contribute $250 (individuals) or more a year.

MEMBER LEVELS AND BENEFITS

**Benefactor:** $15,000 or more

Patron benefits plus:
- Three BOD members and/or votes
- First option to Underwrite Special Projects
- Three paid participants at PSBR sponsored functions

**Patron:** $10,000 to $14,999

Sponsor benefits plus:
- Two BOD members and/or votes
- Priority Option to Underwrite Special Projects
- Two paid participants at PSBR sponsored functions

**Sponsor:** $5,000 to $9,999

Partner benefits plus:
- One BOD member and/or vote
- Two paid participants at PSBR sponsored functions

**Partner:** $1500.00 to $4999.00

Friend benefits plus:
- Annual speaker for students, IACUC, staff or leadership
- Discounts for all organization members at PSBR sponsored functions

**Friend** $500.00 to $1499.00

- E-mail Updates
- Alerts on Anti-Research Activities
- Crisis support
- Invitation to annual dinner
- Access to members only area on website

Members at dues contribution levels of $5000.00 or higher are eligible for representation on the Board of Directors. This provides a direct voice in the direction and activities of the organization.

**All members are provided with crisis support, free advocacy materials, and access to the member network. All members are also provided with discounts for SUBR (States United for Biomedical Research) sponsored events and services.**

Member Information and Key Contact Form

Today’s Date: _______________ Person Completing this Form: _______________

Organization Name: ____________________________

Type (e.g., academic center, supplier, biotechnology firm, etc.): _________________

Mailing Address Street: ______________________________________

City: __________________________ State: ______ ZIP: ______

Telephone number: _______________ Internet address: _______________________

Key Contact Person:

Title: ______________________________________

Telephone number:_______________ Email address: ________________

Membership Level: _____________ Annual dues contribution: _______________

An invoice for the annual dues contribution will be provided to facilitate processing.

Please provide additional key contacts that should be included on relevant PSBR email communications.

Additional Contact Person(s):

External communications/public relations: _______________ Email: ______________

Internal Communications/: __________________________ Email: ______________

Government/State relations: _____________________________ Email: ______________

Security: __________________________ Email: ______________

IO/Research program mgnt: __________________________ Email: ______________

Veterinary staff: __________________________ Email: ______________

Animal Care management: __________________________ Email: ______________

Other: __________________________ Title: ______________ Email: ______________

All applications for membership in the Pennsylvania Society for Biomedical Research (PSBR) are subject to review and approval by the Board of Directors, which may be approved or declined for any reason in the Board of Director’s sole discretion. Membership may be revoked at any time, upon the recommendation and two-thirds vote of the Board of Directors, for any reason, in the Board’s sole discretion.

Members shall not use the name, logo, or other symbols of PSBR for any advertising, marketing, policy making, or promotional purposes without the prior written consent of PSBR.