

PENNSYLVANIA SOCIETY FOR BIOMEDICAL RESEARCH

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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.



A 501 (c)(3) science education organization, founded in 1990 and incorporated in 1991.

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.