



Southwestern Ontario Bioproducts
Innovation Network

MEMBERSHIP APPLICATION FORM

Company Name: _____

Company Representative: _____ Title: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code _____ Office Phone: _____ Cell: _____

Fax: _____ Home: _____

E-mail: _____ Web Site: _____

of Employees: F/T: _____ P/T: _____

Business Classification: _____

MEMBERSHIP DUES BY TYPE & BENEFITS

Please mark desired level of Membership:

➤ **Funding Partner Membership**

Fee \$5,000 to \$20,000 annually

Community College and Business Members (minimum of \$5,000 / year)

Regional Economic Agencies and Universities (minimum of \$10,000 / year)

➤ **Corporate Associate Membership**

Fee \$500.00 annually for business with more than 10 employees

➤ **Enterprise Associate Membership**

Fee \$250.00 annually for business with 10 or less employees

➤ **Individual Associate Membership**

Fee \$100.00 annually for business individuals

Please complete this form and return it with your payment to:

SOBIN, 1001 Grand Avenue West, Chatham, ON N7M 5W4.

Date

Signature