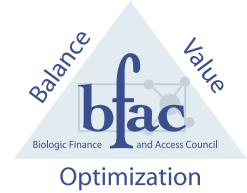




## Biologic Finance and Access Council (BFAC) Membership Application



### I. Membership Information (please print)

**Work Address:**

Name: \_\_\_\_\_ Degree(s)/Certification: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

**Home Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Preferred Mailing Address:  Work Address  Home Address

### II. Areas of Interest (select primary interest from each section below)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Employer benefits      | <input type="checkbox"/> Benefit design                | <input type="checkbox"/> General application     |
| <input type="checkbox"/> Union benefits         | <input type="checkbox"/> Health care access            | <input type="checkbox"/> Consulting or Brokerage |
| <input type="checkbox"/> Public sector benefits | <input type="checkbox"/> Health care finance/economics | <input type="checkbox"/> Research                |
|   | <input type="checkbox"/> Health care policy            |  |

Would you be interested in participating in an Interest Group?  Yes  No

How would you like to receive BIOTECHNOLOGY HEALTHCARE?  Print  Digital  Both

### III. Annual Dues

**Introductory Membership for 2009 - \$60**

\* Membership dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. Dues are nonrefundable and nontransferable.

**Payment Information**

Credit card payments Type of card:  Visa  MC

Name of Cardholder \_\_\_\_\_

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit card charges will be listed on your statement as payment to TJU – Dept. of Health Policy

If you are paying by check, make checks payable to **Thomas Jefferson University.**

**Send payments to:**

BFAC Initiative  
Jefferson School of Population Health  
1015 Walnut Street  
Philadelphia, PA 19107

**Contact for questions:**

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