

Application for:  
Sid Martin Biotechnology Development Institute  
Associate Member Program<sup>1</sup>

1. Applicant Name: \_\_\_\_\_

2. Position in company: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

4. Contact Information:

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Company's Website: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and title of chief executive officer: \_\_\_\_\_

5. Briefly describe your company:

6. Briefly describe what services or assistance you would like to receive from the Incubator. If you would like to use Incubator common equipment, please specify which instruments you might use and estimate the level of usage desired:

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<sup>1</sup>Information submitted will be held in confidence and will only be used for application purposes

7. Number of employees that you would like to have access to Incubator services: \_\_\_\_\_

8. Give a brief description of the services, discounts, assistance, or products that you plan to offer as part of the Associate Member Agreement that would benefit the companies at the Incubator as a whole:

9. I agree to the terms of the Associate Member Program as outlined below, as well as those outlined in the Associate Member Program Guidelines, and believe that my company is appropriate for admission to the program. I understand that:

1. This program shall be conducted by the Incubator in accordance with the laws, rules, and regulations of the State of Florida, the University of Florida Board of Trustees, and the University of Florida Research Foundation.
2. The associate member licensees fee of \$2,500.00 is non refundable, and continued participation in the program is at the sole discretion of the Program's Associate Director and Director.
3. Associate member access to Incubator services and facilities will be restricted to available resources, and at lower priority, available only after the Incubator's primary commitment to the resident licensees has been met.
4. Associate members have no permanent space assignment within the Incubator, and are limited to access to the Incubator during regular business hours.
5. No advertising, publicity, or news release containing any reference to the Incubator or the University of Florida or the associate member shall be used by either party without mutual agreement.
6. This Agreement may be renewed or extended annually by written mutual agreement of the parties.

Signature of authorized representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to:  
Patti Breedlove, Associate Director  
Sid Martin Biotechnology Incubator  
12085 Research Drive, Alachua, FL 32615

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_