



Company Name (Legal Business Name):

Contact Name:

Contact Title:

Type of Business Entity:

Tax ID/SSN:

State of Incorporation/Formation:

Year Business Started (YYYY):

Address:

Phone:

Email:

Website:

Type of Membership:

Virtual Life Sciences

Partner

Resident

Brief Description of Business:

Employees, Directors, and/or Advisors-

Name:

Name:

Email:

Email:

Name:

Name:

Email:

Email: