

Association of Needle-Free Injection Manufacturers (ANFIM)

Membership Form

Company Information:

Company/Organization

Address City State Zip Country

Primary Contact:

Name (First, MI, Last):
Degree(s):
Title:
Phone:
Fax:
E-Mail:

Additional Members: Please provide information on page 2.

ANFIM Membership Categories and Annual Dues

- | | |
|---|-----------------|
| 1. Needle-free device manufacturer | \$500.00 |
| 2. Needle-free developer (no sales) | \$300.00 |
| 3. Related Industry (<i>e.g.</i> pharmaceutical) | \$250.00 |
| 4. Observer (public health) | \$25.00 |

Note: Categories 1, 2, and 3: Annual dues payment covers all participating employees
Category 4: Annual dues payment covers one individual

Total Paid: \$ _____

- Enclose money order in U.S. funds or check drawn on a U.S. bank made payable to "ANFIM". Sorry, no credit cards.
- Mail this form or a copy, plus check to:

ANFIM
7620 SW Bridgeport Rd.
Portland, Oregon USA
Tel: [+1](503) 639-7221 x 413

For Further Information:

Linda D'Antonio
DCI, Inc.
6308 Fly Road
East Syracuse, NY 13057
Tel: [+1](315) 463-4999
Fax: [+1](315) 463-5267
E-Mail: LindaD1@twcny.rr.com

Chris Farrell
Bioject, Inc.
7620 SW Bridgeport Rd.
Portland, OR 97224
Tel: [+1](503) 639-7221 x 413
Fax: [+1](503) 620-6431
E-Mail: cmf@bioject.com

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Membership Form (page 2)

Please provide information about additional company employees who will be involved in ANFIM. These individuals will receive ANFIM information via email.

Additional Member:

Name (First, MI, Last):
Degree(s):
Title:
Phone:
Fax:
E-Mail:

Additional Member:

Name (First, MI, Last):
Degree(s):
Title:
Phone:
Fax:
E-Mail:

Additional Member:

Name (First, MI, Last):
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