**ASBM MEMBERSHIP**

Thank you for your interest in joining the Alliance for Safe Biologic Medicines (ASBM). ASBM is a 501c(4) organization composed of diverse healthcare groups—including patients, physicians, pharmacists, researchers, medical innovators, biosimilar manufacturers, and others who are working together to ensure patient safety is at the forefront of the biosimilars policy discussion.

It is the mission of ASBM to serve as an authoritative source of information to help inform regulators and policymakers globally on the unique issues involved with biologics. In addition, the ASBM is focused on educating the healthcare community and general public on the differences between biosimilars and generics and how those differences should inform policymaking. With more than 60 members worldwide, ASBM provides information on the safety and quality of biologics, advocates for policies that keep medical decisions between patients and physicians, and seeks solutions that ensure affordability and accessibility of biologic medications while never compromising on patient safety.

**ASBM GUIDING PRINCIPLES**

* We believe patients have the right to expect the same quality in drugs, whether they get the brand-name or a copy, irrespective of price.
* We believe medical decisions ought to remain between a patient, his or her physician, and the other healthcare professionals from whom the patient receives direct care, not in the hands of third parties such as government payers, pharmacy benefit managers, or private insurers.
* We believe that patients and their healthcare team need full information about how biosimilars work in order to make informed choices.
* We believe that while the ultimate goal is to bring new, safe, and affordable treatment options to patients, we must never forget that patient safety is paramount.

As regulators move forward in implementing biosimilar policy, our members provide advice to ASBM within our guiding principles and based on their patient population concerns in order to assist ASBM in addressing a host of issues related to patient safety.

**MEMBERSHIP RESPONSIBILITIES**

ASBM recognizes that members have many demands on their time and we therefore have varied levels of participation and commitment. Agreeing to participate as a member of ASBM does not constitute a commitment to any particular activity. Members may be asked to assist ASBM in a range of ways that fit their expertise or patient population.

**Membership Responsibilities Include:**

* Agreement with ASBM’s Guiding Principles as stated above
* Assignment of a representative to ASBM from your organization
* Participation in conference calls with the Steering Committee and/or the full General Membership of ASBM (per membership level) to discuss prominent issues that ASBM is considering

**Additional Membership Activities May Include:**

* Sharing of advice on scientific, medical, or regulatory positions with ASBM for purposes of developing future policy positions and proposals
* Sharing of your organization’s formal documents produced on biosimilars issues for public or internal distribution
* Participation in roundtables or forums hosted by ASBM
* Engagement in ASBM activities when requested (e.g. state-based letter writing campaigns, comment periods)

**MEMBERSHIP CONSENT**

I understand that my organization’s membership in ASBM is completely voluntary and therefore, its association with ASBM confers no legal rights or obligations on me or my organization, with respect to the internal governance of ASBM. I consent to having my organization’s name listed on the ASBM website as a member, as well as in other ASBM materials.

Name of Member Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Name and Email of Organization Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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