



MEMBERSHIP APPLICATION & QUESTIONNAIRE

PART I

Date of Application: \_\_\_\_\_

Name of Member: \_\_\_\_\_  
(Entity name as you would like it to appear on the CDVCA Membership List)

Please provide information about the person you would like designated as the primary contact for your organization:

Primary Contact Person: \_\_\_\_\_  
Name Job Title

Department/Program: \_\_\_\_\_  
(If applicable)

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Postal Code Country

Phone Fax

E-mail Website

Authorized Signature: \_\_\_\_\_

Please list others at your organization whose names you would like added to our mailing list:

Name E-mail address Area of Interest OR Job Title

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CDVCA Member Dues

Membership payment is due January of each calendar year. The annual rate is U.S. \$500; organizations joining mid-year will be billed on a pro rata basis. Prospective members should send this completed application and questionnaire (see next page) to CDVCA, 424 West 33<sup>rd</sup> St., Ste. 320, New York, New York 10001 or via email to info@cdvca.org. CDVCA will send you an invoice, for the appropriate portion of dues owed, upon receipt of the completed application.

Promoting Community Development with the Tools of Venture Capital

# CDVCA MEMBERSHIP APPLICATION & QUESTIONNAIRE

## PART II

Access to information is critical to our work to build and promote the field of community development venture capital (CDVC). In order to facilitate our efforts to represent and advocate for the field, please provide the information requested below.

*NOTE: CDVCA will not release or reproduce any information that we receive from you without your consent, except in aggregate form as information about the industry.*

### **1. How would you best describe your organization?**

*Please check all that apply:*

- Investing entity
- Not-for-profit organization
- For-profit organization/company
- Other (please describe) \_\_\_\_\_

### **2. What is your organization or company's mission?**

### **3. (If investing entity:) What is the investment strategy of your fund?**

### **4. What is your interest in CDVCA/why did you become a member?:**

### **5. Please tell anything else you would like us to know about your organization, and/or about your interest in community development venture capital.**

### **6. Would you like more information about the following CDVCA activities?**

*(Please check all that apply:)*

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="radio"/> Angel Investing     | <input type="radio"/> Advocacy      | <input type="radio"/> Central Fund          |
| <input type="radio"/> Consulting Services | <input type="radio"/> International | <input type="radio"/> Member Services       |
| <input type="radio"/> Research            | <input type="radio"/> Training      | <input type="radio"/> Workforce Development |