Canadian Association of Business Incubation

Advancing Business Incubation Coast To Coast

MEMBERSHIP APPLICATION FORM
FOR AFFILIATE INDIVIDUAL | ORGANIZATION
THAT IS INTERESTED IN ENCOURAGING THE BUSINESS INCUBATION INDUSTRY

Date: _____ Please check one: ☐ *New Membership* ☐ *Membership Renewal*

Note: The membership is in the name of the sponsoring organization. Changes in contact person can be made at the request of the sponsor.

Name _____

Title _____

Organization _____

Address _____

City _____ Province _____ Postal Code _____

Tel ( ) _____ Fax ( ) _____

Email _____

I / We agree that my / our email address(es) can be shared with CABI members Yes [ ] No [ ]

Website _____

ORGANIZATION TYPE (Check all that apply)

- ☐ Incubator Staff
- ☐ Government Agency
- ☐ Venture Capitalist
- ☐ Joint Venture Partner
- ☐ Incubation System (without walls)
- ☐ Community Economic Development Agency
- ☐ Consultant
- ☐ Education/Institution
- ☐ Vendor
- ☐ Private Developer
- ☐ Other (specify) _____

If Vendor, indicate product or service _____

If Venture Capitalist, indicate areas of concentration _____

If Joint Venture Partner, describe products of interest _____

MEMBERSHIP DUES

Membership	$	125.00
Additional persons* #____ x $50		_____
Total	$	_____
6% GST (# 86607 4131 RT0001)		_____
TOTAL MEMBERSHIP DUES	$	_____

METHOD OF PAYMENT

☐ Visa OR ☐ Cheque payable to CABI

Card Number _____

Expiry Date _____

Card Holder Name _____

Signature _____

*For each additional person, please provide us with their contact information:

Additional person 1

Name _____ Title _____

Tel _____ Fax _____ Email _____

Additional person 2

Name _____ Title _____

Tel _____ Fax _____ Email _____

PLEASE RETURN THIS FORM ALONG WITH YOUR PAYMENT TO:

Canadian Association of Business Incubation
c/o Genesis Centre, 220 Prince Philip Drive
St. John's, NL A1B 3X5

QUESTIONS?

Call, fax or email

☎(709) 737-2625
(709) 737-2539
✉ membership@cabi.ca