



SERVING THE VENTURE CAPITAL  
AND PRIVATE EQUITY INDUSTRY

## Academic Member Application

Date \_\_\_\_\_

Referral from 3 IVCA members (include first name, last name and firm name):

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Organization Name

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Primary Contact Person & Email

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Firm Address

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Firm General Telephone # \_\_\_\_\_

URL \_\_\_\_\_

Please tell us what your primary interests are in joining the IVCA so that we can better deliver value to your membership.

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Please list the two individuals that will represent your Firm in the IVCA membership along with their email addresses and direct phone numbers:

1. Name \_\_\_\_\_

Email address \_\_\_\_\_

Direct Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Email address \_\_\_\_\_

Direct Phone \_\_\_\_\_

**Please send/attach** (Word doc) a brief description (200 words or less) of your firm which will be used in our directory and our newsletter. This description can also be emailed to [kpyne@illinoisvc.org](mailto:kpyne@illinoisvc.org).

**Please send/attach** (Word doc) a brief bio (up to 500 words) for each individual who will represent your firm in our membership. These bios can also be emailed to [kpyne@illinoisvc.org](mailto:kpyne@illinoisvc.org).