



SERVING THE VENTURE CAPITAL
AND PRIVATE EQUITY INDUSTRY

Service Provider Member Application

Date _____

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

Organization Name

Primary Contact Person & Email

Firm Address

Firm General Telephone # _____

URL _____

Year Founded _____

Firm Business Type (e.g. banking, accounting):

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.

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.