



MEMBERSHIP INFORMATION FORM

Please take a moment to complete this form and return it along with your membership renewal.

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell: _____

Email: _____ Website: _____

If you are a **business incubation professional**, please select one of the following:

- Developer
- Volunteer staff
- Academic/Researcher
- Director/Manager
- Mentor
- Board Member
- Client / Graduate
- Other paid staff
- Other _____

If you are **not a business incubation professional**, please select one of the following:

- Business Service Provider
- Policy Maker (legislator)
- Economic Development
- Other _____

If your **organization is a business incubator**, please update the following information:

Type of program (circle one) Physical Virtual or both

If physical: Type of space (office, lab, etc.) _____

Square Feet: _____

For Profit _____ Non-Profit _____

Year Established: _____ Number of Clients: _____

Number of Staff: _____ Number of Graduates: _____

Do you have a Board of Directors? Yes _____ No _____

Primary Focus of Incubator:

- Technology
- Kitchen/Arts
- Biotech/Nanotech/Photonics
- Mixed Use
- Other: _____

Incubator Mission:

- Economic Development
- Empowerment
- Pipeline for your organization
- Tech Communities
- Other: _____

Other Programs Managed:

- SBDC
- Other _____

If your **organization is not a business incubator**, please provide the following information:

- Government
- Economic Development Agency
- Other _____
- Academic Institution
- Service Provider
- Economic Development
- Coworking
- Accelerator Program
- Investment Fund

