



## Collaborative Ventures Membership Application

### Applicant Information

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Title/Position: \_\_\_\_\_

### Contact Information

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax: \_\_\_\_\_

Business Email Address \_\_\_\_\_ Check if preferred \_\_\_\_\_

Personal Email Address \_\_\_\_\_ Check if preferred \_\_\_\_\_

Description of your business or service: \_\_\_\_\_

Describe your ideal client, lead or customer:

How did you hear about Collaborative Ventures?

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Briefly describe any leadership roles you hold or may have held either work related or voluntary. List organization, title, tenure and any accomplishments that enabled you to understand better and use your abilities as a leader.

If accepted, where or how do you want to contribute to the success of the organization?

Do you understand this is a working group and if accepted membership requires you participating on a committee? \_\_\_\_ Yes I do

Committee interest:

Technology \_\_\_\_

Membership \_\_\_\_

Business Development \_\_\_\_

Member Education \_\_\_\_

Marketing \_\_\_\_

Community Service \_\_\_\_

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

Date: \_\_\_\_\_

**Collaborative Ventures**  
**9716-B Rea Road, #162**  
**Charlotte, NC 28277**

[www.collaborative-ventures.com](http://www.collaborative-ventures.com)

Email application to [info@collaborative-ventures.com](mailto:info@collaborative-ventures.com)