

## Venture Funding Network Alliance - Membership Application

Partner Member Type:  Corporate  Government  Nonprofit

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

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

City/State Zip: \_\_\_\_\_

Member Liaison Contact Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different from above)

City/State Zip: \_\_\_\_\_

Membership Fee included \$ \_\_\_\_\_

Invoice the Membership Fee in the amount of \$ \_\_\_\_\_

Send Invoice to: Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different from above)

City/State Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Charge Membership Fee in the amount of \$ \_\_\_\_\_ to Credit/Debit Card:

Type:  VISA  MasterCard  American Express  Discover

Name on Credit/Debit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

I hereby make application for membership in the Venture Funding Network Alliance (VFNA) and agree to the mission, vision and purpose and values. I understand that by providing the mailing address, e-mail, phone number, and fax number, I consent to receive communications sent by or on behalf of Venture Funding Network Alliance (VFNA) and its affiliates via mail, e-mail, phone, or fax.

**Fax or Return to: Venture Funding Network Alliance  
10015 Old Columbia Road, Ste. B225  
Columbia, Maryland 21046  
Fax: 410-312-7626  
Tel: 410-312-5582**

For questions regarding VFN Alliance membership, contact Jacqueline Burrell at 410-312-5582 or by email at [inquiry@vfna.org](mailto:inquiry@vfna.org)