

Western Association of Venture Capitalists Membership Application

ADMISSION REQUIREMENTS

Membership in the Western Association of Venture Capitalists (WAVC) is open by invitation to all professional venture capital organizations who meet the following criteria:

1. Primary business activity is venture capital equity investments
2. Principal offices are located in Washington, Oregon, California, Nevada or Arizona
3. Discretionary investment authority on capital is \$50 million or more
4. Applicants must be sponsored and seconded by members in good standing with the Association and approved by the Board of Directors.

ADMISSION PROCEDURES

1. Complete Membership Application in full and submit it to:

WAVC
P.O. Box 1221
Menlo Park, CA 94026-1221

2. Once all information has been received, applications will be reviewed by the Membership Committee and the Board of Directors.
3. Notification of approval will be sent in writing along with an invoice for membership dues of \$1500.

*For questions, please contact Kim Yates Grosso: kimyatesgrosso@wavc.org

Member firms/individuals will be allowed to bring guests to meetings. However, the total number of guests attending from all member firms will be limited to 15 and guest reservations will be accepted on a first come, first served basis. Guests are not to be permitted to promote their respective business or themselves.

PURPOSE OF WAVC:

The specific and primary purposes of which this Association is formed are to carry on the following activities.

1. To provide a medium through which the membership primarily concerned and involved with the creation and development of capital ventures may confer, consult and cooperate in matters of mutual interest.
2. To promote and maintain high standards of conduct by the venture capital industry.
3. To provide the members with education and information on venture capital related matters.

MEMBERSHIP APPLICATION

Firm Name _____

Address _____

City _____

State _____

Zip _____

Country _____

Telephone _____

Fax _____

Web Site _____

Primary Contact _____

Email _____

INVESTMENT PROFESSIONALS

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____

CAPITAL UNDER MANAGEMENT \$ _____

YEAR FOUNDED _____

TYPE OF ORGANIZATION

- LLC or Limited Partnership
- Venture Capital Division of a Corporation
- General Partnership

INDUSTRY PREFERENCES

- | | |
|---|--|
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> IT Services |
| <input type="checkbox"/> Business Products and Services | <input type="checkbox"/> Media and Entertainment |
| <input type="checkbox"/> Computers and Peripherals | <input type="checkbox"/> Medical Devices and Equipment |
| <input type="checkbox"/> Consumer Products and Services | <input type="checkbox"/> Networking and Equipment |
| <input type="checkbox"/> Electronics/Instrumentation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Retailing/Distribution |
| <input type="checkbox"/> Healthcare Services | <input type="checkbox"/> Semiconductors |
| <input type="checkbox"/> Industrial/ Energy | <input type="checkbox"/> Software |
| <input type="checkbox"/> Internet Infrastructure | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Internet Applications | <input type="checkbox"/> Wireless Applications |

INVESTMENT SIZE PREFERENCE

- None
- <\$500,000
- <\$1M
- <\$5M
- >\$20M
- All of the Above

STAGE OF DEVELOPMENT PREFERENCE

- Seed
- Early
- Expansion
- Later
- Mezzanine
- Acquisition/Buyout
- All of the above

REVENUE PREFERENCE

- None
- <\$1M
- <\$10M
- <\$100M
- >\$100M
- All of the Above

GEOGRAPHIC PREFERENCE

REFERENCES (please list three WAVC members)

Firm	Name
_____	_____
Firm	Name
_____	_____
Firm	Name
_____	_____

PLEASE SIGN TO COMPLETE YOUR APPLICATION:

Signature _____

Print Name _____

Title/Position _____

Date _____