

ADMISSION REQUIREMENTS

NVCA is open by invitation to all corporate venture capital and private equity organizations who are responsible for investing in risk equity capital in entrepreneurial companies or emerging technologies on a professional basis and who meet the following criteria:

1. A member's business must be operated out of an office located in the United States and must be seeking investment opportunities in the U.S.
2. Members must be actively engaged in private equity investing on a cash-for-equity basis or similar arrangement by any part of the corporation.
3. The organization must employ a professional staff of at least one full-time employee or full time equivalent whose sole purpose is direct private equity investing or through fund-of-funds.
4. Members must utilize a professional approach before and after they make an investment, including the maintenance of a continued interest in the companies they sponsor.
5. The managers of the business must be U.S. citizens or resident aliens.
6. Members' business must be subject to U.S. taxation and laws.
7. Renewal of annual membership is subject to review and approval of NVCA's Membership Committee and continued compliance with the criteria above.

ADMISSION PROCEDURES

1. Complete membership application in full and return it to NVCA along with material that describes your firm's investment activities (e.g. marketing brochure, list of portfolio companies, firm prospectus, etc.) along with references from two current NVCA members who are familiar with your firm's activities (a member list can be found at www.nvca.org/members.html). Applications should be sent to:
Membership Department
National Venture Capital Association
1655 N. Fort Myer Drive, Suite 850
Arlington, VA 22209
Questions can be directed to 703-524-2549.
2. Once all information is received, the NVCA Membership Committee will review applications immediately.
3. Notification of approval will be sent in writing along with an invoice for membership dues.

NVCA CORPORATE VENTURE GROUP DUES STRUCTURE

Introductory Rate: \$10,000

Fee includes: Annual CVG Meeting, On-line Alerts, Research Abstracts and Overviews, Lobbying Activities, Member Surveys, and Shared Practices Library.

**MEMBERSHIP APPLICATION
Main Office Information***

Firm name _____

Address _____

City _____ State _____ Zip _____

Country _____ Telephone _____ Fax _____

Website _____

Primary contact _____ E-mail _____

INVESTMENT PROFESSIONALS LOCATED AT MAIN OFFICE

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

*If your firm has multiple offices, please attach a separate sheet that lists all contact information for each location and a list of investment professionals and their email address. Please indicate which professionals are at which location. Maximum number of investment professionals is ten (10).

NVCA CORPORATE VENTURE GROUP
I N V E S T I N Y O U R F U T U R E

CAPITAL UNDER MANAGEMENT \$ _____

(If investing from a dedicated pool of capital)

YEAR FOUNDED _____

TOTAL INVESTED IN THE PREVIOUS 12 MONTHS: \$ _____

INVESTMENT SIZE PREFERENCE

- ≤\$500,000
- ≤\$1M
- ≤\$5M
- ≤\$20M
- >\$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 PREFERENCES

- National (U.S.)
- International
- New England
- New York Metro
- Mid-Atlantic
- Southeast
- Southwest
- Midwest
- Northern California
- Southern California
- Pacific Northwest

INDUSTRY PREFERENCES

- Biotechnology
- Business Products & Services
- Computers and Peripherals
- Consumer Products & Services
- Electronics/Instrumentation
- Financial Services
- Healthcare Services
- Industrial/Energy
- IT Services
- Media & Entertainment
- Medical Devices & Equipment
- Networking & Equipment
- Other
- Retailing/Distribution
- Semiconductors
- Software
- Telecommunications

REFERENCES

Please provide the names of two NVCA members who are familiar with your firm's activities (member list can be found on NVCA website www.nvca.org/members.html).

Firm _____

Name of Individual _____

Firm _____

Name of Individual _____

HOW DID YOU LEARN ABOUT NVCA?

- Direct mail
- Website
- Industry Conference
- Word of Mouth

To complete your application, please read and sign the following:

I accept the responsibilities of membership, which include the payment of membership dues and the adherence to the professional standards set forth by the Association.

Signature _____

Print name _____

Title/Position _____

Date _____