



## ASSOCIATE MEMBERSHIP APPLICATION FORM

**Company:**

**Address:**

**Telephone:**

**Telefax:**

**E-mail:**

**web:**

**Type of Firm:**

a) Professional:

b) Occasional Investor:

If b) Number of Investments: ..... Amount Invested: .....

**Special Areas of Interest** (to the entrepreneur and the venture capitalist):

**Geographic Preferences:**

**Additional Services Provided:**

**Years in business:**

**Total number of Partners / Executive Directors in Firm:**

**Number of Full Time Staff Involved in Venture Capital:**

**Total estimated number of man years in the venture capital field:**

**Which Full Member of the SLOVCA have you worked with or acted for** (please list):

**On a separate sheet of paper, name three venture capital backed transactions in which you have be involved** (please supply date, nature of transaction, role played, SLOVCA member and contact):

**Brief Company History** (*Please attached a copy of latest company accounts*):



**SPONSORS (three current full members of at least director level or equivalent):**

*„In my opinion, the applicant satisfies the Membership Criteria, but I agree to make such further inquiries as the SLOVCA deems necessary to support this application“.*

1. Name of Sponsor ..... Title .....  
Company .....  
Signature ..... Date .....

2. Name of Sponsor ..... Title .....  
Company .....  
Signature ..... Date .....

3. Name of Sponsor ..... Title .....  
Company .....  
Signature ..... Date .....

**I have read the Membership Criteria and believe we qualify.  
We also agree, as a firm, to abide by the SLOVCA Code of Conduct.**

Signature.....Date .....

Please return this application to the SLOVCA via fax (+421 2 4333 1873) or email ([slovca@slovca.s](mailto:slovca@slovca.s)) or to any full member of the Association for forwarding on to the SLOVCA.