

Houston Private Equity Association

P.O. Box 56644, Houston, TX 77256

713/660-7990

Application for Membership

(PLEASE TYPE or PRINT.)

Name & email: _____

Other Representatives & emails: _____

Firm name: _____

Parent firm (if applicable): _____

Address: _____

City, State, Zip: _____

Office phone: _____ Fax: _____

Home phone: _____ Web site: _____

Funds under management (include maximum leverage for SBICs):

Business Stage Sought: _____

Financing Range Considered: _____

Industry Preferences: _____

Education: _____

Professional experience: _____

Years of direct venture capital experience: _____

(The first member from each organization must provide venture capital history, including a list of investments with a brief explanation of transactions and other venture capital participation.)

Other professional societies/organizations: _____

Professional references (three, please):

<u>Name</u>	<u>Company</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sponsor: _____ Years known: _____
(Application will not be processed without an HVCA member sponsor.)

Signature: _____

Position: _____

SEND COMPLETED FORM by email or mail TO:

Houston Private Equity Association
ATTN: Executive Director
P.O. Box 56644
Houston, TX 77256-6644
E-mail: ExecutiveDirector@HoustonPrivateEquity.org

QUESTIONS? Call 713.660.7990