



DISCOVERY MEMBERSHIP APPLICATION



Application Date:

VENTURE AND CONTACT INFORMATION

Venture/Project Name:

Primary Contact Name:

TEAM MEMBERS (INCLUDING PRIMARY CONTACT PERSON)

	Name	Title	Address (Street, Province, Postal Code)
1.			
2.			
3.			
4.			

	Phone	Email
1.		
2.		
3.		
4.		

	University/College	Faculty/Degree	Graduation/ Expected Graduation Date
1.			
2.			
3.			
4.			



BUSINESS IDEA

Describe your idea/innovation

What problem does your idea wish to solve?

What is your value proposition?

Who will be your customers?

INTELLECTUAL PROPERTY (IP)

Will your idea generate any intellectual property (patents, copyrights, trademarks etc)?

Please provide details of the IP(s):

REFERRAL

How did you find out about us?

If other, please specify:

ADDITIONAL COMMENTS

If available, please include a copy of your business plan, business model canvas, and/or any other relevant information with the completed application form.

Submit completed application to Program Director, Nicole Anderson at nicolea@uwindsor.ca