



EPICENTRE VENTURE START AFFILIATE MEMBERSHIP APPLICATION

Application Date:

COMPANY AND CONTACT INFORMATION

Start-up Name:

Link to Website/Social Media Page:

FOUNDERS/CO-FOUNDERS CONTACT INFO

	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 BACKGROUND

What type of Ownership is your business?

If other, please specify:

Business registration date:

Business registration number:

Business address:

What sector does your business fit best?

If other, please specify:

What stage is your company at?

Current revenue:

How have you financed your business so far? Personal Bank loan Friends & Family
Venture Capital Angel Investor Grant(s) Other (please specify)

BUSINESS MODEL

Describe your idea/innovation

What problem does your business wish to solve?

What is your value proposition?

Who are your customers?

What is your revenue model?

INTELLECTUAL PROPERTY (IP)

Does your company hold any patents, copyrights, trademarks?

Please provide details of the IP(s) including filing numbers:



MILESTONES

(What goals are you working towards in the next 2 years?)

0 - 6 months:	
7 - 12 months:	
13 - 18 months:	
19 - 24 months:	

REFERRAL

How do you find out about us?

If other, please specify:

ADDITIONAL COMMENTS

<p>Please include a copy of your current business plan, business model canvas, and/or any other relevant information with the completed application form.</p>

<p>Submit completed application to Venture Start Director, Wen Teoh at wteoh@uwindsor.ca</p>
