



DISCOVERY MEMBERSHIP APPLICATION

Application Date:					
VENTURE AND CONTACT INFORMATION					
Vent	ture/Project Name:				
Prin	nary Contact Name:				
TEAM	MEMBERS (INCLUDING PR	MARY CON	TACT PERSON)		
	Name	Title		Address (Street, Province, Postal Code)	
1.					
2.					
3.					
4.					
	Phone	E	Email		
1.					
2.					
3.					
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	University/College		Faculty/Degree		Graduation/Expected
					Graduation Date
1.					
2.					
4.					
7.					





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 Lead, Sydney Thompson, thomps22@uwindsor.ca