

Membership Form

Name _____

Title _____ Email _____

Business phone # _____ Cell phone # _____

Organization name _____

Incubator Name _____
(if different than organization name)

Main phone # _____

Address _____

Street

City

State

Zip Code

Website _____

Describe your organization (limit 50 words). This description will be added to your member listing on the website.

Membership Level

- | | |
|--|----------|
| <input type="checkbox"/> Business Incubator | \$150.00 |
| <input type="checkbox"/> Non-Profit Professional Association | \$150.00 |
| <input type="checkbox"/> Affiliate/Service Provider | \$250.00 |
| <input type="checkbox"/> Individual | \$ 75.00 |

Incubation Professionals – please indicate which best describes your current status:

- | | | |
|---|--|--|
| <input type="checkbox"/> Developer | <input type="checkbox"/> Volunteer staff | <input type="checkbox"/> Graduate |
| <input type="checkbox"/> Director/Manager | <input type="checkbox"/> Mentor | <input type="checkbox"/> Academic/Researcher |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Client | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other paid staff | | |

Non-Incubation Professionals – please indicate which best describes your current status:

- | | |
|---|--|
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Policy Maker (legislator) |
| <input type="checkbox"/> Economic Developer | <input type="checkbox"/> Other _____ |

If your organization is a **business incubator**, please provide the following information:

Status of Program:

- | | |
|--|---|
| <input type="checkbox"/> Operating incubator program | <input type="checkbox"/> Incubator in development |
|--|---|

Type of program (circle one): physical virtual both

If physical: Type of space (office, lab, etc.): _____

 Square feet: _____

Client focus:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Technology | <input type="checkbox"/> Kitchen/Arts |
| <input type="checkbox"/> Mixed Use | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Biotech/Nanotech/Photonics | |

Profit / Non-Profit (circle one)

Year established: _____

No. of Clients: _____

No. of Graduates: _____

No. of Staff: _____

Do you have Board of Directors? _____ Yes _____ No

Primary Focus of Incubator:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Technology | <input type="checkbox"/> Kitchen/Arts |
| <input type="checkbox"/> Biotech/Nanotech/Photonics | <input type="checkbox"/> Mixed Use |
| <input type="checkbox"/> Other _____ | |

Incubator Mission:

- Economic Development
- Empowerment
- Tech Commercialization
- Pipeline for your organization
- Other _____

Other Programs Managed:

- SBDC
- Other _____

Would you be interested in board position? _____ Yes _____ No

If your **organization is NOT a business incubator**, please select one of the following

- Government
- Service Provider
- Economic Development Agency
- Academic
- Other _____

Please return this application and attach your check made payable to **CBIA** and mail to:

Michelle Alcott
Alcott Administrative Services
2738 S. Newton Street
Denver, CO 80236