



Serving The Private Equity Community

Service Provider Member Application

Date _____

Referred by (IVCA Member) _____

Organization Name _____

Primary Contact Person & Title _____

Firm Address _____

Firm General Telephone # _____ Facsimile # _____

URL _____ Year Founded _____

Firm Business (e.g. banking, accounting):

Please list two individuals that will represent your Firm in the IVCA membership along with their email addresses and individual phone numbers:

1. _____

2. _____

Please tell us what your primary interest are in joining the IVCA so that we can better deliver value to your membership

Please provide a brief description (200 words or less) of your firm which will be used in our directory and our newsletter. (This description can also be emailed to kpyne@illinoisvc.org)

Please provide a short bio (up to 500 words) of each individual who will represent your firm in our membership. (This bio can also be emailed to us at kpyne@illinoisvc.org)
