



NIAGARA  
ANGEL NETWORK

# NIAGARA ANGEL NETWORK

## Membership Application

*(All information will be held in the strictest confidence)*

### 1 MEMBERSHIP

INDIVIDUAL (\$495/YEAR)

### 2

MR.     MS.     MRS.     DR.

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POSITION OR TITLE \_\_\_\_\_  SELF EMPLOYED/RETIRED

### 3 ACCREDITED INVESTOR DECLARATION

YES, I AM AN ACCREDITED INVESTOR

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### 4

PLEASE RETURN SIGNED APPLICATION TO [tkadwell@niagaraangels.com](mailto:tkadwell@niagaraangels.com) OR MAIL TO:

Niagara Angel Network  
20 Pine Street North Studio A  
Thorold, Ontario L2V 0A1

CHEQUES PAYABLE TO NIAGARA ANGEL NETWORK/CREDIT CARDS ACCEPTED