



New Member Application

Name: _____

Address: _____

City: _____ State: _____ Zip code _____

Phone Number: () _____ - _____

Email: _____

Company Email: _____

Name of company: _____

***Below, please select the type of business that you have registered with the state of Texas. Please also provide the associated certificate with this application.**

201	Certificate of Formation for a For-Profit Corporation	<input type="checkbox"/>
202	Certificate of Formation for a Nonprofit Corporation	<input checked="" type="checkbox"/>
203	Certificate of Formation for a Professional Corporation	<input type="checkbox"/>
204	Certificate of Formation for a Professional Association	<input type="checkbox"/>
205	Certificate of Formation for a Limited Liability Company	<input type="checkbox"/>
206	Certificate of Formation for a Professional Limited Company	<input type="checkbox"/>
207	Certificate of Formation for a Limited Partnership	<input type="checkbox"/>
	N/A- Not yet registered	<input type="checkbox"/>
	DBA	<input type="checkbox"/>

Please add your Business Tax ID _____ (or) EIN# _____

Description of your business:

How long have you been in this business? _____

Number of employees? : _____

If approved at the Phoenix, what would be your business hours?

Which of the levels below best describes where your company is today?

Level 1- Build/Seed Level 2 - Launch/Early Level 3 - Compete/Growth Level 4 - Manage Level 5 - Scale/ Exit

How has your company been funded to date? (circle all that apply)

Self-funded Family & Friends Seed Series A Series B Series C

Crowdfunding SBA Loan Angel Investment Grants

Currently seeking funding

Not seeking funding

What is your business mission statement?

What do you hope to gain from time in the accelerator?

What are some topics you would hope to learn about in the Small Business Success Series? * (Monthly educational opportunities **free** of charge) *

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have copies of flyers for this business? (If so, please attach copies)

Yes or No

**** Any client wishing to store inventory must carry commercial insurance in an amount greater than or equal to the inventory value to be stored. ****



***Social media outlets**

Professional:

Facebook: _____

LinkedIn: _____

Business Website: _____

Personal:

Facebook: _____

LinkedIn: _____

Other: _____

Please confirm you meet all the qualifications below. (Check all that apply)

I have not operated my business for more than 3 years. If so, how long?	<input type="checkbox"/>
I will not have more than 4 employees in my office.	<input type="checkbox"/>
I will not conduct any physical sales from this facility.	<input type="checkbox"/>
I have completed my background check packet.	<input type="checkbox"/>

***All applicants must complete a background check packet**

Have you ever been convicted of a felony or misdemeanor? (Yes or No) If so, please describe.



***All applications must be submitted with a full business plan, including marketing strategies, advertising goals, operating budget, and any relevant information on planned business development.**