



**Membership Invoice**

**Amount Due 2010: \$1,000.00 per firm**

**Please complete and return with your check to the address below:**

**Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**URL:** \_\_\_\_\_

**\*\*Current Primary Contact:** \_\_\_\_\_

**Number funds under management:**

**Approximate number portfolio companies** \_\_\_\_\_

**Investment professionals (in addition to capital)** \_\_\_\_\_

**Total Capital under Management:** \_\_\_\_\_

**Investment Focus: (please check all that apply)**

Information Technology

Life Sciences (Biotech, Medical Devices, Pharma, Healthcare IT)

Consumer Products and Services

Other

**Investment stage: (please check all that apply)**

Seed

Early Stage

Start-up

Expansion Stage

Late Stage

**Please list your firm's current portfolio company relationships in MA:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Program Content Ideas:** \_\_\_\_\_

**Is your firm willing to assist with the development of such event:** \_\_\_\_\_?

**Event Point of Contact:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Firm Contact for State Public Policy Initiatives:** \_\_\_\_\_

**\*\* Please note, primary contact will be responsible for updating membership list and will receive all renewal notices**

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**Fax: 617-977-9187**