



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 MAIL YOUR CHEQUE AND COMPLETED APPLICATION FORM TO:

Terry Kadwell, Executive Director  
NIAGARA ANGEL NETWORK  
55 Clarence Street  
Port Colborne, ON L3K 3G1