



Membership Application

Please complete and return to WVAN along with your \$200 membership fee.

Name _____

Street/PO Box _____

City/State/Zip _____

Business Phone _____

After Hours Phone _____

Cell Phone _____

Email _____

Yes, I meet the SEC requirements for angel investing. ([Click Here for SEC Requirements](#))

Yes, you may disclose me as a member of the West Virginia Angel Network.

No, you may not disclose me as a member of the West Virginia Angel Network.

(Optional Information)

Company Name _____

Title _____

I hereby submit my application to become a member of the West Virginia Angel Network.

Signature: _____