

Methow Investment Network New Member Application Form

Thank you for applying for membership in the Methow Investment Network (MIN). MIN creates opportunities for local individuals, businesses, and local investors to network, build prosperous local businesses, keep investing money in our community, and help build a more resilient and sustainable economy in the Methow Valley. Membership is intended for local investors and local investing entities, and is open to any individual or entity that is sponsored by an existing member.

Please complete the following questionnaire and return it at your convenience to the MIN New Member Contact Person noted below. Please do not hesitate to contact them with any questions about MIN and/or the membership application process. If you would like to have a conversation via phone, you may request one via mail or e-mail.

The Methow Investment Network is a program sponsored by the TwispWorks Foundation, located at 502 S. Glover Street, Twisp, WA 98856.

MIN Group New Member Contact Person:

E-mail: dlinnertz@twispworks.org

Mailing Address: TwispWorks, 502 S Glover Street, Twisp, WA 98856

Personal Contact Information:

Name of Applicant: _____

Name of Co-Applicant: _____

Mailing Address: _____

Day Telephone: _____

Evening Telephone: _____

Cell Phone: _____

Applicant E-Mail Address: _____

Co-Applicant E-Mail Address: _____

MIN Group Information:

Name of Sponsoring Member of MIN: _____

Reasons for Applying for Membership in MIN: _____

Describe the types of Local Investing Opportunities you desire, or do not desire, to receive via MIN (this is for MIN informational purposes only and not used to screen investing opportunities sent to you):

Investing Profile:

Briefly describe your investing background and experience: _____

Accurate answers on the following two questions will help MIN track its collective financial resources. They do not imply any sort of commitment and are not used to qualify potential members. You may also decline to answer them if you wish.

Approximate amount of funds currently invested locally: _____

Approximate amount of funds available for future local investing: _____

Privacy:

May we include your name on our membership list?

OK to Include My/Our Name(s) Please Keep My/Our Name(s)
Confidential

Signature:

I/We confirm that the information contained in this New Member Application Form is truthful and accurate as of the date printed below, and I/we agree to inform MIN in case of any material changes.

If I am/we are completing this form via computer, my/our typed name(s) below shall be considered to have the same legal effect as my/our written signature(s).

Applicant Signature

Applicant Printed Name

Co-Applicant Signature

Co-Applicant Printed Name

Date