



Entrepreneurs with Disabilities Network

Your dreams are our business

Membership Information Form

Name:

Cell:

Home Phone:

Work Phone:

Email:

Fax:

Address:

Website:

City:

Province:

Postal Code:

Type of disability? (optional)

Type / Name of business:

Obstacles to self-employment:

Income Source (s):

How did you hear about our organization?

What is your current position on the Business Continuum?

1.IDEA GENERATION 2.OPPORTUNITY IDENTIFICATION 3.PLANNING 4.STARTUP 5.GROWTH

Do we have permission to enter your information into our computer database? (This will allow us to contact you regarding specific EDN events or workshops you might be interested in, for networking purposes, etc.)

YES NO

Would you like to provide business information to be part of our Member Directory?

YES NO

Our Member Directory is an online database where members can advertise their business on the web (for free), and search for other businesses within the EDN network. If you circled yes, please request and complete the Member Directory Application Form.

Would you like to receive our quarterly newsletter? YES NO EMAIL or MAIL ?

What are your initial expectations of EDN?

Additional Information:

Personal identifying information (such as your name, telephone number, mailing and emailing address) is only used to contact you about EDN-specific information, such as event advertisements and newsletter mail outs