

### Membership Application

*If you have read and understand the requirements of being a PCV business advisee and are willing to meet the stated requirements, please fill out and submit the application below.*

***We will not give or sell the information you provide to any other organizations or individuals.***

Name: _____	Street/Suite: _____
Title: _____	City/State/Zip: _____
Company: _____	Business Phone: _____
Email Address: _____	Cell Phone: _____

<b>ELIGIBILITY</b> (PCV is focused on developing businesses that create good jobs and economic growth in low-income communities. To meet these goals, we require that businesses meet two of the following social criteria.) Check all that apply:	
Business is located in a low-income community	<input type="checkbox"/>
Business hires employees from low-income communities	<input type="checkbox"/>
Management is committed to creating new jobs in low-income communities	<input type="checkbox"/>

<b>BUSINESS OVERVIEW</b>	
<b>How would you describe your primary industry?</b>	
Agriculture _____	Human Services _____
Construction _____	Law _____
Consumer Products _____	Media/Communication _____
Fashion/Design _____	Real Estate / Facilities Planning _____
Financial Services _____	Technology _____
Food/Beverage _____	Transportation/Logistics _____
Healthcare _____	Other Professional Services _____
<b>What is your business' primary function? (Please ✓ one)</b>	<b>What are your primary products or services?</b>
Business services _____ 1.)	_____
Consumer services _____ 2.)	_____
Manufacturer _____ 3.)	_____
Retail/Wholesale Sales _____ 4.)	_____
<b>How long has this business been in operation? (Years / Months)</b> _____	<b>Who are your primary customers? (Types of consumer or businesses)</b>
<b>How long has company been under current ownership? (Years/Months)</b> _____	1.) _____
<b>How long have you been involved with this company? (Years / Months)</b> _____	2.) _____
<b>Are you the primary owner? (Yes / No)</b> _____	3.) _____
<b>How long have you worked in this industry? (Years / Months)</b> _____	4.) _____
<b>Have you ever founded a business previously (Yes/No)?</b> _____	



<b>What are your annual revenues (as of the time of application)?</b>	<b>Are you currently profitable?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
\$250,000-\$750,000 _____	<b>Most recent profitable year?</b>	_____	
\$750,000 - \$1,500,000 _____	<b>Number of full-time employees?</b>	_____	<b>Number of part-time employees?</b>
\$1,500,000 - \$3,000,000 _____			_____
\$3,000,000 - \$5,000,000 _____	<b>Which of the following benefits do you provide to your employees?</b>		
\$5,000,000 \$10,000,000 _____	Health insurance <input type="checkbox"/>	Sick leave <input type="checkbox"/>	Training <input type="checkbox"/>
\$10,000,000+ _____	Paid vacation <input type="checkbox"/>	Retirement <input type="checkbox"/>	
<b>In what areas or cities do most of your employees live?</b>			
1.) _____	3.) _____		
2.) _____	4.) _____		

**What are your key business needs that you'd like to work on with an advisor? ( Please ✓ up to three)**

Business Plan Development _____	Mergers and Acquisitions _____
Executive Coaching _____	Operations / Manufacturing _____
Strategic Planning / Business Development _____	Organizational Design _____
Sales and Marketing - Consumer _____	Preparation for Fundraising _____
Sales and Marketing - Business _____	Product Development and /or Product Launch _____
Financial Planning and Systems Design _____	Real Estate and Facilities Planning _____
Human Resource Management _____	Technology Planning _____
Legal and Regulatory Management _____	Transition Planning (Changing company owner) _____

**Can you provide references for consultants, advisors, coaches, or technical assistance providers you've worked with in the past? If yes, please specify.**

1)		
Name	Organization	Contact information
2)		
Name	Organization	Contact information

**Do you have a language preference other than English?**

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**How did you hear about our program?**

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I have read and understand PCV's Advisee Code of Ethics and Advisee Eligibility Criteria and am willing to meet the stated requirements. Yes  No

***When complete please email to [hkrauel@pcvmail.org](mailto:hkrauel@pcvmail.org) (San Francisco Bay Area) or [mriddle@pcvmail.org](mailto:mriddle@pcvmail.org) (Los Angeles) or Fax to Heidi Krauel (San Francisco Bay Area) at 415 442-4313 or Mari Riddle (Los Angeles) at 323 235-1686.***

**Thanks for your interest!**