



Membership Application

Business Name: _____

Business Address: _____

Business Telephone Number(s): _____

Business Email address: _____

How did you hear about us? _____

Applicant(s)

Name: _____

Title: _____

Telephone: _____

Email: _____

Name: _____

Title: _____

Telephone: _____

Email: _____

Team Members

Please list any individual(s) other than yourself who will be responsible for the company's daily business operations:

Name: _____

Position: _____

LinkedIn URL: _____

Please send resume to incubator@hagerstowncc.edu

Business Information

★ Please answer the following questions thoughtfully and thoroughly, as they will be used in part to determine your acceptance into the program

Please provide a detailed description of your business: _____

Tell us why you started or want to start your business: _____

How long have you been in business: _____

What is your current occupation: _____

Will you be pursuing your business full-time: _____

Do you have a business plan: _____

Who is your target audience: _____

Describe your Mission, Vision, & Core Values: _____

Describe your short-term and long-term goals for your business: _____

Financial Information

How are you currently funding your business? _____

Current Expenses/Use of Funds: _____

Monthly Revenue: _____

Approximate Revenue to date: _____

Explain your plans to grow and scale your business: _____

References

Provide one (1) business/professional references and one (1) personal reference

Name: _____

Email: _____

Phone: _____

Name: _____

Email: _____

Phone: _____

Additional Information

What does success look like to you: _____

The incubator is a collaborative environment, tell us what you can contribute to the community: _____

If accepted, tell us how can we help you achieve your vision: _____

In what ways would you like additional skills, knowledge, and mentorship: _____

How can we help you in the following areas?

Accounting: _____

Legal: _____

Marketing: _____

Financial: _____

Technological: _____

Operational: _____

Business Specific: _____

What other ways can we can assist you: _____

Prospective Wet Lab Members Only

*Business and Culinary applicants may skip

Will your work involve bodily fluids or blood research? _____

Will your work require BSL 3 or BSL 4 facilities? _____

If yes to either, please provide details: _____

Special Facility Requirements (electrical, ventilation, floor load, hazardous waste disposal etc.: _____

Please send the following to incubator@hagerstowncc.edu:

- Logo
- Resume(s)
- Business plan
- Financial statements
- Brochures
- Any other information you deem relevant.

Is there anything else we should know about you and your business: _____

Print Name: _____ Date: _____

Signature: _____