

DISCOVERY MEMBERSHIP APPLICATION



Application Date:

Venture/Project Name:

Primary Contact Name:

TEAM MEMBERS (INCLUDING PRIMARY CONTACT PERSON)

	Name	Title	Address (Street, Province, Postal Code)
1.			
2.			
3.			
4.			

	Phone	Email
1.		
2.		
3.		
4.		

	Faculty	Program	Graduation/ Expected Graduation Date
1.			
2.			
3.			
4.			

BUSINESS IDEA

Describe your idea/innovation

Who will be your customers?

INTELLECTUAL PROPERTY (IP)

Will your idea generate any intellectual property (patents, copyrights, trademarks etc)?

Please provide details of the IP(s):

REFERRAL

How did you find out about us?

ADDITIONAL COMMENTS

If available, please include a copy of your business plan, business model canvas, and/or any other relevant information with the completed application form.

Submit completed application to Cathy Mombourquette, Program Manager at
cmombourquette@stclaircollege.ca