



# MAIL/FAX MEMBERSHIP FORM

IF APPLYING BY MAIL PROVIDE THE FOLLOWING INFORMATION:

Print and mail/fax to the address at bottom of 2<sup>nd</sup> page

FAX to: (773) 568-8062

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type Membership:(New or Renewal) \_\_\_\_\_

Membership Category: (Individual, Group) \_\_\_\_\_

Patron: (Pledge Amount) \$ \_\_\_\_\_

Sponsor: (Pledge Amount) \$ \_\_\_\_\_



## Additional Information

1. Where did you learn about CFBIEO? \_\_\_\_\_
2. Are you affiliated with any local inventor support group? (If so, give name) \_\_\_\_\_
3. If you are an independent inventor, at what stage of the invention process are you presently? (Beginning idea, evaluation, patent process, have obtained patent or patent pending status, seeking manufacturing, marketing or licensing) \_\_\_\_\_
4. Would you like to Venture or License you Idea? \_\_\_\_\_
5. Have you been in touch with an invention promotion company? If so, what is the name of promotion company \_\_\_\_\_
6. Did you pay them? If yes, How much? \_\_\_\_\_
7. If they did patent work, who was the patent practitioner? \_\_\_\_\_
8. What type of patent did they apply for? \_\_\_\_\_
9. Was a patent issued? \_\_\_\_\_

1: ENTER ALL INFORMATION, THEN PRINT OUT THIS COMPLETED FORM ON YOUR PRINTER

2: SEND PAYMENT, ALONG WITH THIS COMPLETED ORDER FORM TO:

The Chicago 1<sup>st</sup> Black Inventors/Entrepreneurs Organization, NFP; 10001 S. Woodlawn Ave, Suite 1118-F; Chicago, IL 60628  
 Tel: 773.568.8058 Fax: 773.568.8062

**PAYING BY CREDIT CARD? ADD THIS INFORMATION BEFORE YOU PRINT AND FAX THIS ORDER:**

**CREDIT CARD TYPE**

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXP DATE:** \_\_\_\_\_

**ADDRESS** (If different than Mailing Address) \_\_\_\_\_

**CITY/State/Zip:** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**SIGNATURE OF CARD HOLDER:** \_\_\_\_\_