**Date:** Enter date

**Account Name:** Enter

*(Name of company or business)*

**Parent Account (optional):** Enter

*(If company is owned by another entity)*

**Primary Contact:** Enter

**Title:** Enter

**Primary Phone:** Enter

**Secondary Phone:** Enter

**Contact Address:** Enter

 Enter

 Enter

**Email Address:** Enter

**Business Website:** Enter

**Brief Business Description**

Enter description here.

**My Business is (check one):** [ ]  *Technology* [ ]  *Non-technology*

[ ]  *Other (please list)* Enter text.

**Identify the Industry:** Choose an industry or list: Enter text

**My business is (check one):** [ ]  *Pre-revenue* [ ]  *Revenue generating*

**I am interested in:**

*Building Residency Yes* [ ]  *No* [ ]

*Affiliate Membership Yes* [ ]  *No* [ ]

**I am interest in participating in the following program(s).**

*Virtual Membership* [ ]

*Grants for Growth* [ ]

*Clean Tech Program* [ ]

*Genius NY* [ ]

**Are you interested in participating in the NYS Innovation Hot Spot?** *Yes* [ ]  *No* [ ]

*Please complete this form and submit it to* *tgadmin@thetechgarden.com* *or hand in at front desk.*

*Thank you for your interest in becoming a Tech Garden member. One of our staff members will be in touch with you to discuss your needs and how we can help you.*