



MEMBERSHIP APPLICATION 2021

Applicant's Name: _____
(First) (Middle) (Last)

Nickname (if preferred): _____ Spouse: _____

Company Name: _____

Business Address: _____ Home Address: _____

Website: _____ Home Fax #: _____

Phone #: _____ Phone #: _____

Email: _____ Email: _____

The one-time Membership fee in the Ellavoz Impact Angel Network is \$5,000, made payable to "Ellavoz Impact Angel Network".

Please mail check and completed application to:

Ellavoz Impact Capital, LLC
917 Main Street, 2nd Floor
Belmar, NJ 07719

[] I consent to list my name as an Impact Angel on the Ellavoz website.

Signature: _____ Date: _____

Individuals or entities seeking to become an Ellavoz Impact Angel must be an authenticated "accredited investor" as defined under the Securities Act of 1933, as amended. Applicants will be required to provide or permit their financial advisor or accountant to provide authentication of their eligibility status as an accredited investor.

All information that you provide to Ellavoz Impact Angels will be kept confidential and will not be disclosed (except to the limited extent necessary to establish the availability of one or more exemptions from registration of the offer and sale of a company's securities under federal and applicable state law).

THIS MEMORANDUM DOES NOT CONSTITUTE AN OFFER TO SELL OR THE SOLICITATION OF AN OFFER TO BUY THE SECURITIES NOR WILL THERE BE ANY SALE OF THE SECURITIES IN ANY JURISDICTION IN WHICH SUCH OFFER, SOLICITATION OR SALE WOULD BE UNLAWFUL. ANY DISTRIBUTION OF THIS MEMORANDUM BY THE OFFEREE IN WHOLE OR IN PART IS UNAUTHORIZED.

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