



# Entrepreneurs with Disabilities Network

*Your dreams are our business*

## **Membership Information Form**

Name:

Phone:

Fax:

Email:

Website:

Address:

City:

Province:

Postal Code:

Are you currently employed?

Are you a person with a disability?

YES NO

Type of disability? (optional)

Are you interested in owning your own business? YES NO UNSURE

Are you running your own business at this time? YES NO

Type / Name of business:

If not currently in business now, how likely are you to start your own business in the future?

*Very likely      Somewhat likely      Not very likely      Not at all*

Barriers to self-employment (i.e. funding, health...):

Income Source:

How did you hear about our organization?

Alternate format required (large print, Braille, etc.):

Additional Information:

*Personal identifying information (such as your name, telephone number, mailing and emailing address) is only used to contact you and to notify you of information as well as mailing notices and EDN's quarterly newsletter.*