



2015 MHIN Membership Application

Firm Name: _____
Contact Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Annual Membership — January 1, 2015 to January 1, 2016

Membership in MHIN is on a per company basis and is not transferable or refundable

One Year Membership Amount: \$500.00

I certify that the above named venture capital firm has over \$10M in callable capital under management

Additional Members:

Name: _____ Email: _____
Name: _____ Email: _____
Name: _____ Email: _____
Name: _____ Email: _____
Name: _____ Email: _____

Please attach an additional page if there are more members.
Make all checks payable to Mid-America Healthcare Network

Please return this form with your payment.
Only checks are accepted

PLEASE NOTE NEW MAILING ADDRESS

If you require an invoice, please contact Kim Thoraldson,
kthoraldson@tm-partners.com

Mail to: Kathleen Tune
Thomas, McNerney & Partners
45 S. 7th Street, Suite 3060
Minneapolis, MN 55402
Phone: 612-465-8660