

## **Application Form for AABI Membership (Association Member)**

This form is for applicants for Association Member, or for an organization from an economy, in which AABI has no current Association Member, applying for an AABI membership. Please fill out the following form and submit it to **AABI Secretariat**.

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**Date of Submission : Month, Day, Year**

**I hereby accept the AABI Bylaws.**

Name of Rep. (Typed):: \_\_\_\_\_

Signature \_\_\_\_\_

**Please answer the following information:**

1. Please tell us about business incubation (BI) in your economy (country or territory).

(1) What is the purpose and background of BI policies in your economy?

(2) Please give us profile information about the BI support policies of the government (central and local) in your economy.

1) Main goals of support for BI:

2) What is the source for BI support (organization or department in charge)?

3) Is support available for the creation of incubation facilities? If yes, brief description:

4) Is support available for the operation of incubation facilities? If yes, brief description:

5) Is support available for capital procurement for incubation facilities? If yes, brief description:

6) Are tax incentives available to incubation facilities? If yes, brief description:

7) Is support available for the training of incubation managers? If yes, brief description:

8) Are certain industries targeted as incubation priorities? If yes, brief description:

9) Is capital procurement support available for enterprises located in an incubation facility? If yes, brief description:

10) Are tax incentives available to enterprises located in an incubation facility? If yes, brief description:

(3) How many incubation facilities are there in your economy? (# as of {date})

(4) Please note the number of incubation facilities for each type of originator. (\* Please be sure the total equals the number entered in (3) above.)

Originator	(Number)
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Central government agency	( )
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Local government agency	( )
Government-related non-profit organization	( )
Private for-profit company or group	( )
Private non-profit organization	( )
University or other school	( )
Other	( )

(5) What is the average size of incubation facilities in your economy?

Total area of facility Ave. ( ) square meters

Max. number of companies Ave. ( ) companies

Number of fulltime employees Ave. ( ) employees

(6) How many companies have graduated from incubation and how many jobs have been created in the past 10 (or 5) years?

( ) companies graduated in ( ) years.

( ) jobs created in ( ) years.

(7) What is the survival rate (Ave.) for graduate companies?

( ) % surviving for 1 year

( ) % surviving for 3 year

( ) % surviving for 5 year

2. Please give us some basic information about your entity.

(1) Please give us a profile of your entity

1) Name:

2) Address:

3) Name and title of leader:

4) Contact

**(Please note that information of the contact person will be listed on the AABI website for inquirer regarding incubation issues in your economy.)**

Contact Person (Name, Title)

telephone, fax,

E-mail:

5) URL:

6) Date established: (Month/Year):

7) Founding mission:

8) Funding founders:

9) Funding partners:

10) If 8) and 9) above are government-related, please give the name of the agency or department.

11) What is the role of your entity within your entity?

12) What is the nature of your organization? (Please choose one)

[Government agency/government-related non-profit organization/private for-profit organization or company/private non-profit organization/other]

13) Is your entity related to any government agency or body; if so what is the relationship?

- Agency name:

- Relationship:

14) What are your entity's main activities and services to members?

15) How many members are in your entity? (as of {date})

- Number of dues-paying members ( )

- Number of unpaid members ( )

16) Do you receive fees from members? If yes, please describe the fees.

17) How many managers are there in your entity? (as of {date})

- Full time managers ( )

- Part-time managers ( )

- Temporary managers ( )

18) Do you have a foreign liaison office?

- Name and title of contact person:

- Contact phone, fax, and E-mail:

(2) Please describe a leading incubation facility in your economy. (They can be unrelated to your entity or any member of your entity). If your organization is an incubator, please give us information about your incubator.

1) Names of incubation facilities:

2) Addresses:

3) Names and titles of leaders:

4) Contact telephones, faxes, and E-mails:

5) URLs:

6) Dates established:

7) Missions of facility:

8) Operating formats (governmental, public body, private, other):

9) Affiliated organizations, schools, etc.:

10) Forms and characteristics of assistance provided:

11) Number of companies located in or receiving assistance from each facility:

12) What kinds of companies are in the facilities? (type of business, field, size, type of management or operation)

13) Do they accept foreign enterprises? Yes / No

14) If 13) above is yes, what companies have they supported? What is the position of foreign enterprises? (e.g., What percentage are foreign enterprises?)

15) Do they support companies seeking to go overseas? If yes, what do those companies intend to do

overseas?

16) Are there companies that have already gone overseas? If so, what do they do overseas?

17) Of the companies noted in 15) and 16) above, have any encountered obstacles to enter the foreign market?

18) Of the companies noted in 15) and 16) above that have encountered obstacles, please give examples of any obstacles that may have caused a company to give up.

(3) Please tell us about any system your entity or other entities in your economy use to evaluate incubation facilities.

1) Is there an evaluation system? [Yes / No]

2) If yes, please describe that system.

- Name of system:
- Implementing organization:
- Date system was introduced:
- Purpose of the system:
- Subjects of evaluation:
- Items and criteria used for evaluation:
- Evaluation method (forms, interviews, etc.):
- Awards given (number of awards by year and number of member organizations):

3) If there is no system, is there a plan to introduce one?

- Yes / No
- Describe possibilities being explored:

(4) Other awards for "Model Incubation Manager" or "Excellence in Incubation"

1) Is there an awards system? Yes / No

2) If yes, describe the system.

- System name:
- Implementing organization:
- Date system was introduced:
- Purpose of system:
- Organizations eligible for awards:
- Items and criteria used:
- Evaluation method (forms, interviews, etc.):
- Awards given thus far (number of recipient individuals and groups by year):

3) If there is no system, is there a plan to introduce one? If yes, describe the possibilities.

- Yes / No
- Describe possibilities being explored: