

## MEMBER APPLICATION

**Instructions:** Please answer all questions below. Once we receive your completed application, we will review and get back to you in 4 weeks. We may request a follow-up phone meeting before making a final decision.

Name

First \_\_\_\_\_ Last \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

What best describes your healthcare industry experience? (Check all that apply.)

Academia / Schools	Diagnostics company
Clinical provider	Digital health company
Payer	Consulting
Pharma company	Investment bank
Medical device company	PE or VC company

Other (please specify) \_\_\_\_\_

How many years of healthcare industry or healthcare investor experience do you have?

None      < 5 years      > 5 years

Are you currently employed? Yes      No

Name of employer \_\_\_\_\_

Job title/role \_\_\_\_\_

Your LinkedIn profile page URL \_\_\_\_\_

Are you currently an investor in a privately held healthcare company? Yes      No

What types of health/life sciences companies have you invested in or are you interested in investing in?  
(Check all that apply)

Biotech / Pharma      Medical Devices      Diagnostics      Digital Healthcare  
Non-prescription Health Products (supplements, other)

What is the extent of your experience investing in private healthcare companies?

I've invested in 1 - 5 companies      I've invested in > 5 companies

What time commitment would you be willing to make as a TLS member?

<2 hours per month      Between 2- 4 hours per month      >4 hours per month

Accreditation Status

Do you meet the criteria outlined to qualify as an accredited investor? [Click Here](#)

Yes      No

What amount would you be willing to invest in TLS sponsored deals on an annual basis?

< \$10,000	\$10,000 - \$25,000	\$25,000 - \$50,000
\$50,000 - \$100,000	\$100,000 - \$250,000	\$250,000+

Do you have any conflicts of interest that may prohibit you from investing in certain private healthcare companies?

Yes      No      If yes, please elaborate: \_\_\_\_\_

Would you be willing to sign an NDA to join TLS? Yes      No

Once you have completed the form, please save the form and email the completed form to:  
[info@tlspartnersrx.com](mailto:info@tlspartnersrx.com)