



INSTITUTE FOR FAMILY BUSINESS

Membership Application

Family Membership

Advisor Membership

Business Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Year founded _____ Founder of business _____

Number of employees _____ How many are family _____

Name of member _____ Email address _____

Name of member _____ Email Address _____

Name of Admin. Assistant _____ Email Address _____

Referred by _____ Topics of interest _____

Brief Company History _____

**Mail your check payable to CSUF Foundation to: Institute for Family Business
5245 N. Backer Avenue, M/S PB 5
Fresno, CA 93740**

For Visa or MasterCard call: 559-278-4426