

**Membership Application**

**Contact Information**

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| **Name** |       |
| **Company** |       |
| **Street Address** |       |
| **City – State – Zip Code** |       |       |       |
| **Telephone Number** |   |
| **Email Address** |       |

**Members to Receive Institute Notices & Newsletters**

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| **Name** | **Job Title** | **Email Address** |
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**Membership Selection**

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| [ ]  $1,500 | One Year – Family firms with annual gross revenues above $5 million |
| [ ]  $750 | One Year – Family firms with annual gross revenues from $1 million - $5 million |
| [ ]  $500 | One Year – Family firms with annual gross revenues from $500,000 - $1 million |
| [ ]  $200 | One Year – Family firms with annual gross revenues less than $500,000 |
| [ ]  $2,000 | One Year – Affiliate Membership for non-family owned businesses |

**Payment**

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| --- | --- |
| [ ]  | Please bill us |
| [ ]  | Check is enclosed |
| [ ]  | Please charge our credit card –Card Type: Visa [ ]  Mastercard [ ]  (we do not accept American Express)Card Number:      CVV:      Expiration Date:       (mm/yy)Signature:      Date:       |

Please email your completed application to catherine@fambusiness.org.

Payments can be mailed to:

Catherine Wygant Fossett, Executive Director, Institute for Family-Owned Business

P.O. Box 3364, Portland, ME, 04104