

**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](mailto: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