



FAMILY BUSINESS APPLICATION

Family Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone (____) _____ FAX: (____) _____

Primary Contact Person: _____

E-mail: _____ Website: _____

Founder of the Business: _____ Year Founded: _____

Date Family First Controlled Business: _____ Number of Employees: _____

Family Generations That Have Been Involved In Your Business? _____

Annual Revenue in Millions: (Please indicate range) _____

- < \$1
 \$1-4
 \$ 5-9
 \$10-24
 \$25-49
 \$50-74
 \$75-99
 \$100-149
 \$150-199
 \$200

Brief Description of Product(s) and/or Service(s): _____

Please list the names, titles, and relationships of active & non-active family members (use back if necessary)

Name	Title	Relationship

Referred by: _____

Our firm wishes to apply for a year's Partnership in the Wisconsin Family Business Forum. We understand that the fee will be invoiced upon approval of our application. We agree to abide by the family business responsibilities as contained in the Wisconsin Family Business Forum Bylaws.

SIGNATURE: _____ DATE: _____

Thank you for your interest in the Wisconsin Family Business Forum. All information contained herein is for the express purposes of the Wisconsin Family Business Forum and will be treated as confidential.

Updated 01/2016