



FAMILY MEMBERSHIP APPLICATION

Primary Contact:		Title:	
Company/Family:			
Street Address:			
City:	State:	Zip:	
Phone:	Cell:		
Email:	Website:		
Select your Affinity Group	<input type="checkbox"/> Founder, President, CEO <input type="checkbox"/> Next Generation Leader		
How did you learn about the Capital Region Family Business Center?			
Principal Businesses:			
Principal Market(s) (Geographic, etc.):			
Approximate Annual Revenues:			
Approximate Number of Employees:			
Year Founded:	By: (Name, relationship to you)		
Generation Currently Managing Company:			
Membership Level:	<input type="checkbox"/> Family businesses with revenue over \$10 million - \$2,500 <input type="checkbox"/> Family businesses with revenue under \$10 million - \$1,000		

LET'S GET TO KNOW EACH OTHER!

FBC purpose is to help family business grow and prosper. Please answer the following questions so we can get to know you and your needs better.

Please note your areas of interest within the family business center:

- Board Governance Leadership Development Succession/Transition Planning HR Issues
- Planning Wealth Management/Estate Marketing/Business Development Networking
- Family Council Family Dynamics/Communication
- Other: _____

Are you currently or have you been through an ownership and/or management transition in your business? Yes No

Are you preparing for an ownership or generational transition in the near future? Yes No

Do you have a formal management succession plan in place? Yes No

Do you currently have multiple generations working in the family business? Yes No

In the next 5-10 years do you have family members that will be joining or leaving the family business? Yes No

Do you have a board of directors? Yes No Do you have outside board members? Yes No

Do you have a family council? Yes No How many family members actively work in the business? _____

What purpose does the family council fulfill? _____

How many family members do not work in the business but are a shareholder or owner? _____



ADDITIONAL FAMILY MEMBER INFORMATION

To serve members of your Family Business, please provide us with their contact information. We will include them in the appropriate Affinity Group communications and keep them updated on upcoming programs and events.

Name:		Title/Role:	
Generation:		Phone:	
Email:			
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Make check payable and mail to:

The Capital Region Family Business Center | PO Box 1107 | Roseville, CA 95678
 sprema@capfamilybus.org | 916-771-3220