

SCOTT L. CARMONA COLLEGE OF BUSINESS

Date:		
Date.		

Name of Business		
Type of Business		
Year Founded	Founder	Current Number of Employees (appx.)

Stevens Center for Family Business Membership Application

City	State	Zip
		,
Phone	Website	
President/CEO:		
Name		

Principal Contact Person for Stevens Center for Family Business:

Address_

Phone

Street/P.O.Box

Name	Title

e-mail

Please list other family members involved in the business. (Continue on a separate sheet if necessary.)

Name	Title	e-mail
Name	Title	e-mail
Name	Title	e-mail
Name	Title	e-mail
Name	Title	 e-mail

Are there any Key Non-Family Executives in your business who you'd like to include in Center activities?

Are there any new north running Executives in your business who you a line to include in benter activities.			
Name	Title	e-mail	
Name	Title	e-mail	

CONTINUED ON REVERSE

The Stevens Center for Family Business prepares and distributes to Members and Sponsor Representatives a Membership Directory, for use by Members and Sponsors in conducting the business of the Center, and for networking about family business topics and issues among Members and Sponsors.		
Please provide an appx. 100-word description of your company, for the directory:		
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groups - Leading Generation, Next Generation, or Key	es are encouraged to participate in one of three different peer Non-Family Executive. Please indicate below the names of your te with a peer group, and which one. More information will be	
NAME	PEER GROUP	
		
cost-effective annual membership fees. This provides u firm's family members and spouses, and key non-fami with the notation "Center for Family Business." Please r	ens Center for Family Business at SVSU is pleased to offer very nlimited participation in all Center events by all of the member ly employees. Please make check payable to SVSU Foundation, nail to: Casey Stevens, Stevens Center for Family Business, Scott law Valley State University, 7400 Bay Road, University Center, MI	
Check Enclosed	Please Bill Me	