



**Center for Family Business
Membership Application**

Company Representative _____ Position _____

Company _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____ e-mail _____

Type of business _____

Number of years operating as a family-owned business _____

What generation now manages the business? _____

Number of family members working in business _____ Number of Employees _____

Name of family members that will be involved with the Center _____

How did you learn about the *Center for Family Business*? _____

Program

Payment of \$3,000 for a one-year's tuition for all Council events

- Check enclosed \$ _____ payable to:
Cal State Fullerton Philanthropic Foundation
- Credit Card If paying by credit card please visit
<https://www.fullerton.edu/foundation/gift/form.asp>
- Enter under accounts Center for Family Business

Please return application with your payment to:

*Center for Family Business
California State University, Fullerton
Mihaylo College of Business & Economics
800 N St College SGMH 3100
Fullerton, California 92831-6848*

Make check payable to: Cal State Fullerton Philanthropic Foundation

For further information contact Ed Hart at (657) 278-4182 or send fax to (657) 278-3106.



