

# Membership Application

Business name: \_\_\_\_\_

Website: \_\_\_\_\_

Year Founded: \_\_\_\_\_

Number of Full-time Employees (FTE): \_\_\_\_\_



Type of business: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

List all family and key non-family members involved in the business:

1) **Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone** \_\_\_\_\_

2) **Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone** \_\_\_\_\_

3) **Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone** \_\_\_\_\_

4) **Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone** \_\_\_\_\_

(Use the back of this page or a separate sheet to list additional members.)

## Annual Membership Rates

### Family Business Membership\*

*\*Note: Membership rates are based upon total number of company employees (full-time equivalent).*

20 or less employees	\$300	<b>Membership type</b> _____ Total AMOUNT \$
21-75 employees	\$500	
76 or more employees	\$700	
All-inclusive membership	\$2000	

**Professional Advisor Membership\*\***                      \$500  
*\*\*Non-family owned business professionals, individual membership.*

Please make checks payable to:

Prairie Family Business Association (PFBA)  
 USD's Beacom School of Business  
 University Center  
 2205 North Career Ave  
 Sioux Falls, SD 57107

For credit card payments fax to (866) 624-8161

Card # \_\_\_\_\_

**VISA**  **MasterCard** Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Address on Card: \_\_\_\_\_

Signature: \_\_\_\_\_