



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.)

**Family Business Membership Annual Rates**

*Membership rates are based upon total number of company employees (FTE).*

- \_\_\_ 20 or less employees      \$315
- \_\_\_ 21-75 employees         \$525
- \_\_\_ 76 or more employees    \$745
- \_\_\_ All-inclusive membership   \$2,150

**Professional Advisor Membership**    \$525

**PAYMENT OPTIONS**

**Credit Card Please** -- Call or mail information in.

VISA     MasterCard    \_\_\_\_\_ Expiration Date

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

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

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

\_\_\_\_\_ Signature

**Check Enclosed** (payable to)  
 Prairie Family Business Association (PFBA)  
 4801 North Career Ave., Suite 140  
 Sioux Falls, SD 57107  
[www.fambus.org](http://www.fambus.org)  
 phone: 605-782-3225  
 phone: 605-367-5936  
 fax: 1-866-624-8161- for security reasons do not fax  
 Credit card numbers. Please call or mail numbers in.