

APPLICATION

fbc.wisc.edu/

Business Name _____

Address _____

City _____ State _____ Zip _____

Billing Address (if different, include city, state, zip): _____

Website Address _____

Contact's Name _____ Contact's E-mail _____

Contact's Phone _____ Contact's Fax _____

Founder(s) of the Business _____ Year Founded: _____

Generation(s) Currently Running the Business: (e.g. 1st, 1st-2nd) _____ # of employees _____

Our business has: a private foundation. Yes No; Board of directors or advisory board. Yes No

Brief Description of Product(s) and/or Service(s)

What is your business industry (check all that apply)?

- Agriculture Auto, truck, boat Construction Entertainment, hospitality Fabrication
 Facilities, property management Financial services Food/food processing Health care Manufacturing
 Office supplies Professional services Retail/wholesale Transportation
 Other (please list): _____

Geographic Markets where you conduct business:

- Local State Regional National International

What are your objectives for FBC membership? Why are you joining? (Check all that apply).

- Education Networking/social Executive Education discount UW-Madison Affiliation Director expertise
 Member expertise Sponsor expertise Affinity groups Fluno Center access
 Other (please list): _____

Which topics would be of interest as potential programs?

- | | | |
|---|--|--|
| <input type="checkbox"/> Boards/Business Governance | <input type="checkbox"/> Family Meetings/Family Governance | <input type="checkbox"/> Selling Family Business |
| <input type="checkbox"/> Business Valuation | <input type="checkbox"/> Globalization | <input type="checkbox"/> Sibling Teams |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> New Ventures | <input type="checkbox"/> Succession Planning |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Ownership/Shareholder Issues | <input type="checkbox"/> Wealth Management |
| <input type="checkbox"/> Family Business Stewardship | <input type="checkbox"/> Philanthropy/Family Foundation | <input type="checkbox"/> Working with Advisors |
| <input type="checkbox"/> Family Employment/Compensation | <input type="checkbox"/> Role of Non-Family | |

Please see back of sheet

CONFIDENTIAL INFORMATION

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Annual Revenue in Millions (information is confidential and for internal use only)

Less than \$5 _____	\$50-74 _____	\$200-249 _____
\$5-9 _____	\$75-99 _____	\$250-299 _____
\$10-24 _____	\$100-149 _____	\$300-349 _____
\$25-49 _____	\$150-199 _____	\$350+ _____

Family Members and Key Non-Family: List ALL names of family members and key non-family personnel. Include titles and relationships (for example son of Joe Smith, Mary's daughter-in-law, non-family). Indicate with a ✓ if they should be included on the company web bio, if active in the business, and an alumnus of the UW-Madison. Provide email address if receiving mailings.

<u>Name</u>	<u>Title</u>	<u>Relationship</u> (please note to whom)	<u>Include on Company Web Bio</u>	<u>Active in Business</u>	<u>Alum UW-Madison</u>
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email address:		Phone number:			
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email address:		Phone number:			
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email address:		Phone number:			
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email address:		Phone number:			
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email address:		Phone number:			
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email address:		Phone number:			

**If needed, continue on separate page.*

Application: Mail completed application to: Family Business Center, 601 University Ave., Madison, WI 53715-1035

Membership Fee: Based on your company's reported annual revenues:

- Less than \$10M = \$2,750
- \$10-\$24M = \$3,000
- \$25M-\$99M = \$4,250
- \$100M or greater = \$5,500

Upon receipt of your completed application an invoice for your membership fee will be mailed to you.

Valid through June 30, 2012