

Confidential Membership Application

About the applicant

Company name _____

Primary contact

Full Name _____ Title _____

Additional participants

Full Name _____ Relationship to applicant _____ email address _____

Full Name _____ Relationship to applicant _____ email address _____

Full Name _____ Relationship to applicant _____ email address _____

Contact Information

Mailing address _____ City _____ State _____ Zip _____

Physical Address address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____

Referred by

Name _____ Company _____

About the Company

Brief description of your business (note: attaching company promotional material is appreciated but optional): _____

Primary Business Type: Service Manufacturing Sales Distribution Other _____

Revenue Level: Less than \$2M \$2 - 8 M \$8 - 15M \$15M +

Date established _____ Number of employees: _____

Family Members _____ Non-Family Members _____ Generation _____



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New York Family Business Center
235 Harrison St. • Syracuse, NY 13202
(315) 579-2871

DHerlihy@NYFBC.org • www.NYFBC.org