

DATE:

Membership Application Form

Contact Information

| | |
|---|---|
| Business Name: | |
| Name of Principal Member(s): <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | |
| Title of Principal Member: | Generations represented in the business: |
| Company Address: <input type="checkbox"/> Send mail to this address | Home Address: <input type="checkbox"/> Send mail to this address |
| Business Telephone: () Ext. | <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Pager () |
| Fax Number: () | Alternate Fax: |
| Email Address: | Alternate Email: |
| Website: | |

Payment Information

Enclosed is our one year membership payment of **\$350.00**, payable to **The Kawartha Family Business Group**.

Signature: _____ Date: _____

Personal Information of Principal Member

| |
|--|
| Ownership in the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

Company Information

| | |
|--|----------------------|
| Name of Founder(s): <input type="checkbox"/> Import <input type="checkbox"/> Export | Founded In: |
| Major Markets: | Number of Employees: |
| Business Description (for Membership Directory): | |

Other Family Members

Please identify other family members currently or potentially involved in the ownership or employment of the company, or those who could be significantly impacted by the activities of the company. All members of the family may participate in the programs and activities of **The Kawartha Family Business Group**. Continue on the reverse if more space is needed.

| | |
|---|---|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss |
| Title: | Title: |
| Relationship to Principal Contact: | Relationship to Principal Contact: |
| Business Telephone: () Ext. | Business Telephone: () Ext. |
| Email: | Email: |
| Fax: (if different than company fax) | Fax: (if different than company fax) |
| Address: (if different than company address) | Address: (if different than company address) |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss |
| Title: | Title: |
| Relationship to Principal Contact: | Relationship to Principal Contact: |
| Business Telephone: () Ext. | Business Telephone: () Ext. |
| Email: | Email: |
| Fax: (if different than company fax) | Fax: (if different than company fax) |
| Address: (if different than company address) | Address: (if different than company address) |

Please provide additional contact names on back of page.

Please mail completed applications to: KFBG, Kawartha Family Business Group
c/o LLF Lawyers, 332 Aylmer Street North, P.O. Box 1146, Peterborough, ON K9J 7H4
Attention: Cindy Boyer