

welcome  
to the  
family



Sharing knowledge and experience  
to promote prosperity and growth  
for family businesses in Saskatoon.



## FAMILY MEMBERSHIP – FAMILY BUSINESS ASSOCIATION SASKATOON

### APPLICATION

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TEL \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

### PRIMARY CONTACT

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

FAMILY RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TEL \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

**FBAS CORRESPONDENCE IS TO BE MAILED TO:**

HOME

BUSINESS

OTHER \_\_\_\_\_

### WHO ELSE IN YOUR FAMILY IS INVOLVED IN YOUR FAMILY BUSINESS?

- CHILDREN    PARENT(S)    SPOUSE    SIBLING(S)    AUNT/ UNCLE(S)    NIECE/ NEPHEW  
 GRANDPARENT(S)    COUSIN(S)    OTHER \_\_\_\_\_

Rebecca May-Gorges  
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306.292.6361



FBA- Saskatoon encourages the participation of all family members, active and non-active in the business. Please list the names of family members that would like to receive FBA- Saskatoon correspondence.

NAME	RELATIONSHIP	TITLE	ADDRESS	PHONE	E-MAIL

If there are more than spaces allow, please feel free to send us by email.

#### BUSINESS DISCRPTION

TYPE OF BUSINESS \_\_\_\_\_

FOUNDED BY: \_\_\_\_\_ FOUNDDING DATE: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

#### PLEASE OFFER A DESCRIPTION OF YOUR COMPANY'S SERVICES

#### HOW WERE YOU REFERRED TO FBA – SASKATOON?

PLEASE INDICATE WHETHER YOU WOULD BE INTERESTED IN JOINING A CONFIDENTIAL FAMILY BUSINESS PERSONAL ADVISORY CIRCLE (PAC). IF YES, PLEASE ANSWER A FEW QUESTIONS AT THE END OF THIS APPLICATION.

YES       NO

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The \$750 plus GST membership fee is payable upon joining FBA – Saskatoon. Please note that the membership season is Sept 1-August 31. Fees are automatically invoiced for this amount until membership is cancelled, or you may pay monthly. Members who choose to pay monthly will be charged \$70/month for twelve automatic deducted payments.

We understand the goals and objectives of FBA – Saskatoon and agree to the expectations of Membership provided.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### Family Business Advisory Circle INFORMATION

#### PERSONAL AND CONFIDENTIAL INFORMATION:

**Full Name:**

Last

First

**Company Name:** \_\_\_\_\_

**Company Mailing Address:**

City:

Province:

Postal Code:

**Phone:**

Tel:

Fax:

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

**1. What industry is the family business in?** \_\_\_\_\_

**2. NUMBER OF EMPLOYEES:** \_\_\_\_\_

**3.**  Male  Female

**4. PLEASE DESCRIBE YOUR POSITION WITH THE FAMILY (1<sup>ST</sup>, 2<sup>ND</sup> GENERATION):**

**5. DO YOU WORK IN THE FAMILY BUSINESS? IF YES, PLEASE STATE POSITION:**

**6. WHAT DO YOU HOPE TO GET OUT OF YOUR PARTICIPATION IN A PAC?**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FBAS BOARD APPLICATION APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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