



MEMBERSHIP APPLICATION

MEMBERS OF THE PARKER CENTER FOR FAMILY BUSINESS MUST MEET THE FOLLOWING TWO CRITERIA:

1. Two or more family members are active in the business contemporaneously or over time; and,
2. The family has controlling interest in the business

BUSINESS INFORMATION

Name of Business

Type of Business

Year Founded

CONTACT PERSON INFORMATION

Contact Person Name

Title

Street Address

City

State

ZIP Code

Cell Phone

Business Phone

Email Address

PAYMENT INFORMATION

This application must be accompanied by a check or credit card information for payment of the annual dues of \$500.

CHECK:

Check Enclosed

In The Amount of:

MAKE CHECKS PAYABLE TO:
Parker Center for Family Business

MAIL CHECK TO:

Parker Center for Family Business • PO Box 58 • Corrales, New Mexico 87048

CREDIT CARD: (Choose One)

VISA

MASTERCARD

Cardholder Name

Billing Address

City

State

ZIP Code

Account #

Exp. Date

CVV#

Tax ID #20-3743635 • Thank you for your support!

For more information, contact: Robin Dozier Otten,
robin@rdoconsultants.com or phone (505) 730-2141

SUBMIT