

BELONG TO THE  
GROUP OF FAMILY BUSINESS LEADERS AND OWNERS  
BY FILLING OUT THIS FORM.  
FEES: \$500 PER FAMILY PER YEAR - \$100 FOR ANY ADDITIONAL MEMBER OF THE FAMILY.

## AFFILIATION

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Position: \_\_\_\_\_

If you are only a Family Member (an owner without a position in the Business), please state it: \_\_\_\_\_

Were you a participant in any of the activities of the Institute? \_\_\_\_\_

## CONTACT DETAILS

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## RECOMMENDED BY

*Recommender 1*No \_\_\_\_\_

Is he/she a member of the FB Leaders Network of the Institute of Family and Entrepreneurial Business at LAU? \_\_\_\_\_

*Recommender 2* \_\_\_\_\_

Is he/she a member of the FB Leaders Network of the Institute of Family and Entrepreneurial Business at LAU? \_\_\_\_\_

## APPLICATIONS

Please fill in the present application form and return it to the Institute of Family and Entrepreneurial Business at LAU. Tel: 961 – 9 - 54 72 54 Extension: 2348; Fax: 961 – 9 - 54 72 56 attention Dr. Josiane Fahed- Sreih; E-mail: jsreih@lau.edu.lb

[Type here]