

SBI Membership Renewal Form

*Please help us improve our membership database!
Current information is listed below.
Please make corrections and fill in blank or missing information.*



*Fostering
Entrepreneurial
Education Together*

FULL NAME: _____ CREDENTIALS: _____

POSITION/JOB TITLE: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

COUNTRY (if not USA) : _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____ PERSONAL WEBSITE: _____

SCHOOL WEBSITE : _____

MEMBERSHIP FEE:

Full Member

- United States and territories \$100
- International \$125

Associate

- Emeritus \$ 50
- Student \$ 50

MEMBERSHIP EXPERIENCE: (check all that apply)

- Advise student consulting projects
- Serve as SBI Director/case supervisor
- Have/run SBDC
- Have/run entrepreneurship center
- Other (please specify)

Does your school have an active SBI program? Yes No

If yes, what type of students? Undergraduate Graduate Both

If no, are you interested in starting one and would you like assistance? Yes No

If you do offer student consulting:

What type of students are involved? Undergraduate Graduate Both

How often does the program run? Every Semester/Quarter Once Year Other frequency, please specify below

Are you able to work with clients via distance learning? Yes No

How many cases on average are completed per year? _____

Primary Teaching Area(s): _____

Secondary-Teaching Area(s): _____

Research Interest: _____



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Please return this form and your membership fee (check made payable to SBI) to:

Small Business Institute®
134 Fairmont Street, Suite B
Clinton, Mississippi 39056

**For more information, contact SBI by phone at 601-924-3489 or by email at
info@smallbusinessinstitute.biz**

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