



The relentless pursuit of a vibrant and prosperous business community.

MEMBERSHIP APPLICATION

Company Name _____

Mailing Address _____

Physical Address (if different) _____

Telephone _____

Company Email _____

Web Address _____

Primary Contact _____

Title _____ E-mail _____

Type of Business _____

of Employees FT _____ PT _____

Business Start Date (MM/YYYY) _____ / _____ Referred by _____

Preferred Choice of Contact E-mail Mail

Logo Please send your digital logo to execdirector@kearneychamber.org

MEMBERSHIP INVESTMENT SCHEDULE

<input type="checkbox"/>	\$145	5 or less employees
<input type="checkbox"/>	\$174	6-10
<input type="checkbox"/>	\$231	11-20
<input type="checkbox"/>	\$290	21-30
<input type="checkbox"/>	\$376	31-50
<input type="checkbox"/>	\$491	51-75
<input type="checkbox"/>	\$637	76-100
<input type="checkbox"/>	\$811	101+
<input type="checkbox"/>	\$64	Business Associate
<input type="checkbox"/>	\$59	Individual
<input type="checkbox"/>	\$27	Individual, Retired over 55

Methods of Payment

cash check credit card

Amount Submitted \$ _____ Date: _____ Credit Card #: _____

Security Code: _____ Expiration ____/____ Zip Code: _____ Signature: _____

Please return this form and payment to Kearney Chamber of Commerce,
455 Sam Barr Drive, Suite 103, Kearney, MO 64060 or email execdirector@kearneychamber.org

Thank you for supporting the Kearney Chamber of Commerce.