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Making Kearney a Better Place to Live and Work

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"/>	\$138	5 or less employees
<input type="checkbox"/>	\$165	6-10
<input type="checkbox"/>	\$221	11-20
<input type="checkbox"/>	\$276	21-30
<input type="checkbox"/>	\$358	31-50
<input type="checkbox"/>	\$469	51-75
<input type="checkbox"/>	\$606	76-100
<input type="checkbox"/>	\$772	101+
<input type="checkbox"/>	\$61	Business Associate
<input type="checkbox"/>	\$56	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.

455 Sam Barr Drive • Suite 103 • Kearney, MO 64060