



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](mailto:execdirector@kearneychamber.org)

## MEMBERSHIP INVESTMENT SCHEDULE

<input type="checkbox"/>	\$138	5 or less employees
<input type="checkbox"/>	\$166	6-10
<input type="checkbox"/>	\$220	11-20
<input type="checkbox"/>	\$276	21-30
<input type="checkbox"/>	\$358	31-50
<input type="checkbox"/>	\$468	51-75
<input type="checkbox"/>	\$607	76-100
<input type="checkbox"/>	\$772	101+
<input type="checkbox"/>	\$61	Business Associate
<input type="checkbox"/>	\$56	Individual
<input type="checkbox"/>	\$26	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](mailto:execdirector@kearneychamber.org)

**Thank you for supporting the Kearney Chamber of Commerce.**