

Membership Application 2009

Kearney Area Chamber of Commerce

1007 2nd Ave • PO Box 607 • 308-237-3101 • FAX: 308-237-3103
www.kearneycoc.org

Business Name:	
Contact Name:	Title:
Street Address:	City/State/Zip:
Mailing Address:	City/State/Zip:
Phone:	Fax:
Web Site:	E-Mail:
Preferred Communication Method: (please check) <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Number of Employees: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Business Category(s):	
Join Date:	Referred By:
Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Charge	Billing Preference: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly
Credit Card #:	Name:
Exp:	Signature:
<p>"I understand that by providing the fax number(s) and/or email address(es) for the business or organization represented in this application, I am authorized to and hereby consent for us to receive faxes and/or emails on behalf of the Kearney Area Chamber of Commerce." Membership investment is non-transferable and non-refundable.</p>	
Signature:	



*For fair investment purposes, two part-time employees equal one full-time employee.
Per \$100 in annual investment, members are entitled to designate one representative.

Additional Representatives to be listed:

Name	Title	Phone	Fax	Email
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Name	Title	Phone	Fax	Email
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Name	Title	Phone	Fax	Email
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Additional Contact Information:

CEO	Title	Phone	Fax	Email
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Technology	Title	Phone	Fax	Email
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Sales/Marketing	Title	Phone	Fax	Email
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