



SOUTH KANSAS CITY
CHAMBER OF COMMERCE
Connecting, Educating, Growing Together

Membership Application

BUSINESS INFORMATION

Date: _____

Company Name: _____

Primary Contact: _____ Title _____

Physical Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Number of Employees: Full Time _____ Part Time _____ Referred by: _____

Business Category for Directory Listing: _____

Give a brief description of what your business does: _____

Facebook page: _____

Twitter Handle: _____

INVESTMENT SCHEDULE

Business Memberships*

(2 Part time employees = 1 full time)

1-5 employees	\$240
6-10 employees	\$290
11-25 employees	\$345
26-50 employees	\$460
51-125 employees	\$575
126-250 employees	\$695
251-500 employees	\$865
501+ employees	\$1155

Non-Profit Organizations* \$175

(Must have an operating budget of \$500,000 or less. All others classify as business memberships)

*All memberships subject to a one-time \$25 administrative fee.

PAYMENT

Annual Investment \$ _____

Administrative Fee \$ 25

Total Investment \$ _____

Check MC Visa Amex

Acct # _____

CVV# _____ Exp. Date _____ Billing Zip _____

Name on Card _____

Signature _____

Return application with payment to: SKCCC, 406 E Bannister Road, Ste F, Kansas City, MO 64131

For Office Use Only

Thank You New Member Packet Data Base Constant Contact QuickBooks Contacts Facebook Twitter LinkedIn Welcome