



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	\$230
6-10 employees	\$275
11-25 employees	\$330
26-50 employees	\$440
51-125 employees	\$550
126-250 employees	\$660
251-500 employees	\$825
501+ employees	\$1100

### **Non-Profit Organizations\*** \$165

(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