

Membership Application



OLATHE
CHAMBER OF COMMERCE
ONE VISION. ONE VOICE.

"Nation's Best Chamber"
Five-Star Accredited
by the
U.S. Chamber of Commerce

Company Name _____

Publishing Address _____

City / State _____ Zip Code _____

Mailing Address _____

City / State _____ Zip Code _____

Contact Name & Title _____

Additional Representative & Title _____

*Note: Use reverse side to include additional representatives.

Phone # _____ Fax # _____

E-mail _____ Internet Address _____

Type of Business (Yellow Page Category) _____

* Note: Multiple categories available for an additional 10% of your annual membership investment per category. Minimum investment includes one category listing in the annual membership directory, as well as on the Internet. (www.olathe.org) * Join by 11/12/09 and receive an additional complimentary extra-category, along with additional campaign benefits!

Employee Count (Based on Full-Time Equivalent) _____ Investment Amount _____
(+\$20 Enrollment Fee)

Home Based Yes No Minority Business: Yes No Date Business Established _____

Member Sponsor _____

Credit Card Authorization _____

Visa _____ Mastercard _____ American Express _____ Debit Card _____

Name as it Appears on Card _____

Credit Card # _____ Exp. Date _____

Last Three Digits on Reverse Side of Credit Card _____ Date of Application _____

18001 W. 106th St. P.O. Box 98 Olathe, KS 66051-0098 Bus: 913-764-1050, 1-800-921-5678
Fax: 913-782-4636 Internet E-Mail: dketterling@olathe.org Website: www.olathe.org

Membership Application (Cont'd)

Please list additional representatives to receive E-mail communication, including Friday Eflash Newsletter, Economic Development and Legislative Updates:

Additional Representative _____
Title _____
E-mail _____
Phone # _____

Additional Representative _____
Title _____
E-mail _____
Phone # _____

Additional Representative _____
Title _____
E-mail _____
Phone # _____

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