

# 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, as well as billing contact.

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](http://www.olathe.org))

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. 106<sup>th</sup> St. P.O. Box 98 Olathe, KS 66051-0098 Bus: 913-764-1050, 1-800-921-5678

Fax: 913-782-4636 Internet E-Mail: [lbaldwin@olathe.org](mailto:lbaldwin@olathe.org) Website: [www.olathe.org](http://www.olathe.org)

# Membership Application Page 2

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

*Billing Representative* \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

*Marketing Representative* \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

*HR Representative* \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

*Additional Representative* \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

*Additional Representative* \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

*Additional Representative* \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

*VoteOlathe Contact* \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

\*Contact Susan Wallace for details on the VoteOlathe Initiative [swallace@olathe.org](mailto:swallace@olathe.org) or 764-1050 x235