



MEMBERSHIP APPLICATION

Active Membership: \$75.00 _____ **Associate**
Membership: \$25.00 _____ (ie: retired or student)

Business Membership: \$200.00 _____ (for three members)

New _____ **Renewal** _____ **Date:** _____

I would like to donate to the Scholarship Program: \$ _____
(Please make check to: [KCK Women's Chamber Foundation](#)) (a 501c3 Non-Profit Organization)

Name: _____

Business Name/Address: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Preferred E-mail: _____
(If business E-mail please confirm with your IT department you can receive WCC communications)

Birthdate (month and day only) : _____

I have an interest in the following Committees:

_____ Educational Events _____ Membership
_____ Marketing _____ Scholarship/Fundraisers

Payment Options:

Check enclosed _____ Invoice Me _____ or Pay on-line through Pay-Pal

Please mail application and check payable to:

Women's Chamber of Commerce of Kansas City, KS
P. O. Box 12611
Kansas City, KS 66112

Membership Chair: Linda Lewis, linda@opakc.biz, phone # of 913-526-5463

General mailbox: kckwcc@gmail.com

(WCC Form/December 2016)

www.kckwomenschamber.org

Communications through Constant Contact

"The organization exists to foster the common good of both the community and its residents by promoting the strengths of women and their contribution in leadership roles."