



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 _____ Fundraisers
_____ Marketing _____ Scholarship

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."