



KCK Women's Chamber

MEMBERSHIP APPLICATION

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

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

New _____ Renewal _____ Date: _____

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:

_____ Program _____ Membership _____ Communication/Marketing _____

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

Please mail application and check payable to **Kansas City, Kansas Women's Chamber of Commerce**
727 Minnesota Ave., Kansas City, KS 66101

I would also like to make a tax-deductible donation to the Scholarship Program: \$ _____

(Please make check to: KCK Women's Chamber Foundation, a 501c3 Non-Profit Organization, and mail to 727 Minnesota Ave., Kansas City, KS 66101)

Our Mission: To promote women and their contributions in organizations, businesses, and communities.

KCK Women's Chamber of Commerce
727 Minnesota Ave., Kansas City, KS 66101
kckwomenschamber.org
kckwcc@gmail.com