



P.O. Box 472

WELLSVILLE

AREA CHAMBER OF COMMERCE



Wellsville, KS 66092

WELLSVILLE AREA CHAMBER OF COMMERCE MEMBERSHIP APPLICATION DUE BY: 08/31/2011

Type of Application (circle one): Business Application Individual Application

Name: _____

Business Description: _____

Business Owner: _____

Primary Contact: _____ DOB (MM/DD) _____

Secondary Contact: _____ DOB (MM/DD) _____

Street Address: _____ City _____ St _____ Zip _____

Mailing Address: _____ City _____ St _____ Zip _____

Is your business a home-based business? Yes No Number of Employees: _____

Date Business Established: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Website: _____

- Gold Business - \$150.00 (*Advertisement Included*)
- Regular Business - \$75.00
- Church - \$75.00
- Associate Member - \$25.00

*Associate member status shall be reserved for non-business individuals wishing to be part of the Chamber

Signature: _____

Date: _____

FOR OFFICE USE ONLY
Date Received:

Invoice #:
Added to Member List