

BUSINESS MEMBERSHIP APPLICATION

Garnett Area Chamber of Commerce
419 S Oak St. Garnett KS 66032-1337
Ph# 785.448.6767 Fax# 785.448.6767

www.garnettchamber.org garnettchamber@embarqmail.com

INFORMATION FOR CHAMBER OFFICE FILES

Business Name: _____
Contact Person: _____ Owner _____
Address: _____ PO Box: _____
City: _____ State: _____ ZIP: _____
Phone # 1 _____ Phone # 2 _____ Fax # _____
E-Mail Address: _____ Web Address: _____
Billing address and contact person (if not the same as mailing address)

WILL THIS BUSINESS ACCEPT CHAMBER GIFT CERTIFICATES? **Y/N** (Highly recommended for most)

Note: All member businesses are eligible to redeem these gift certificates and will be reimbursed immediately by check when submitting them to the Chamber

Short Business Description for Printed Business Directory

Optional Long Business Description for Online Business Directory (You may attach a business card or include a brochure instead of writing here)

MEMBERSHIP CATEGORIES AND DUES SCHEDULE:

Utilities-\$500 annual, \$250.00 semi-annual or \$127.50 quarterly
Manufacturer-\$250.00 annual, \$125.00 semi-annual or \$65 quarterly
Bank / Financial Institution- \$12 Million dollars in assets or \$150 annual, whichever is greater
Churches- Non- Profit Organizations-\$100 annual, \$50 semi-annual or \$27.50 quarterly
Other: Most businesses; include, hotels, media, clubs, hospitals, nursing homes, government, insurance, real estate, retail etc... \$150 annual, \$75 semi-annual, \$40 quarterly

Referred by (optional)

I understand that this membership is continuous until I request in writing for my membership to end.
I expect to be billed either quarterly, semi-annually or annually, based on the amount of payment made today, unless otherwise indicated.

Signature _____

For Office Use Only

Date Received	Cash/Ck #	Amount \$	Deposit Date
_____	# _____	\$ _____	_____
_____	# _____	\$ _____	_____

