



Membership Application

Application Date: _____

Company Name: _____

Company Mailing Address: _____

Company Physical Address (if different): _____

Company Phone: _____ Fax: _____

Date Company was Established: _____ Business Hours: _____

Web Page Address: _____

Number of Employees: _____ Full-time: _____ Part-time: _____

Description of Business: _____

Primary Contact Name: _____ Title: _____

Contact Phone: _____

Contact E-mail Address: _____

Membership Investment Levels (Circle One.)

- Basic Membership - \$160.00 *
- Hospital/Manufacturer/Financial Institution - \$260.00
- Professionals (CPA, Attorneys, etc.) - \$175.00
- Hotels & Motels - \$200.00
- Non-Profit Membership - \$50.00
- Retired/Individual Membership - \$66.00
- Secondary Business Membership - \$50.00
- Home-Based/Direct Sales Membership - \$50.00

New Members will receive a 25% discount on their First Year Dues.

All levels have full voting privileges.

Dues are renewed annually.

Questions? Call 620-653-4311

X _____
SIGNATURE OF APPLICANT

For office use only

Date approved _____

Initials _____

Category _____

Please remit the membership application with dues enclosed to:
 The Hoisington Chamber of Commerce
 123 N Main Street
 Hoisington, KS 67544