

Membership Acceptance

Date: _____

Name of Member Company:

Primary Contact:

Address:

Phone: _____

Email Address: _____

Website: _____

____ Yes, I would like to become a member of the Chanute Area Chamber of Commerce & Office of Tourism.

____ Please invoice me for _____ (Dues)

and Optional Sponsorship _____

I would like to pay ___ Monthly ___ Quarterly ___ Semi-Annually ___ Annually

____ A check is enclosed for _____ (Dues)

and Optional Sponsorship _____

Signature: _____

Please return this form to:

Chanute Area Chamber of Commerce & Office of Tourism

21 N. Lincoln, Chanute, KS 66720

or call 431-3350 to have it picked up.

Thank You!