

Section 3: ADVERTISING OPTIONS

The following are advertising options for Chamber members. Please make your selections below. Signed agreement is required for advertising.

Advertising Options	Yes	No Thanks
Chamber Web site Ad		
3 months for \$45		
6 months for \$80		
12 months for \$120		
Send Information Package		
Chamber Newsletter Spot Ad		
3 months \$15		
6 months \$20		
12 months \$30		
Member Web Page		
First year (or Reinstated) \$40		
Renewing/Continuing \$10		

Section 4: MEMBERSHIP INVESTMENT

2009 Membership Year Membership Investment Schedule

Membership Type	Regular	Non-profit
Full single employee, independent agent or professional	\$135.00	\$101.25
Full 2 to 5 FTE employees	\$160.00	\$120.00
Full 6 to 15 FTE employees	\$210.00	\$157.50
Full 16 to 25 FTE employees	\$285.00	\$213.75
Full 26 to 50 FTE employees	\$335.00	\$251.25
Full 51 to 100 FTE employees	\$385.00	\$288.75
Full 101 or more FTE employees	\$435.00	\$326.25
Supporter	\$50.00	N/A

Please write the amounts for the member options you have selected:

Member Option/Benefit	Amount
Membership (see Investment Schedule)	
Additional Primary Contacts (____ x \$10)	
Sponsorship Funding (included now)	
Chamber Website Advertising	
Chamber Newsletter Advertising	
Member Web Page (new \$40, renew \$10)	
GRAND TOTAL DUE	

Section 5: ACKNOWLEDGEMENT

As the official representative of the business investing in a membership with the Coffey County Chamber of Commerce, I understand that I will be contacted by the Coffey County Chamber of Commerce for the options that I have selected that require my input and approval.

I understand that I am responsible for keeping business information for this membership current with the Coffey County Chamber of Commerce.

I understand this is an automatically renewing membership and agree to continue the membership until I provide written notice of cancellation to the Coffey County Chamber of Commerce. I understand that the Chamber does not refund membership investments.

I have read, understand, and agree to the membership options and terms described in this form.

Authorized Signature _____ Date _____

Printed Name and Title _____

Please do not enclose cash. Make checks payable to **"Coffey County Chamber of Commerce."**

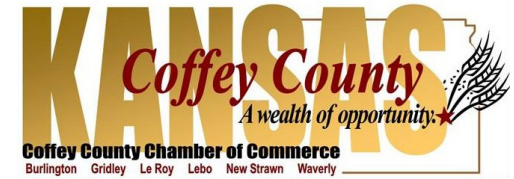
Return this completed form with your investment to:

**Coffey County Chamber of Commerce
Membership Information
110 North 4th St
Burlington, KS 66839**

Your membership investment is partially deductible as a "necessary business expense." Please consult your tax advisor for details.

Thank you for your investment in the future of Coffey County businesses.

01/05/2010 CCCC



Coffey County Chamber of Commerce

**Burlington, Gridley, Le Roy, Lebo,
New Strawn, and Waverly**

2010 Member Information & Benefit Options

Coffey County Chamber of Commerce
& Visitor Center
110 North 4th Street, Burlington, KS 66839

620.364.2002 or 877.364.2002
executivedirector@coffeycountychamber.com

www.coffeycountychamber.com

Section 1: BUSINESS INFORMATION

Membership Type (select one)			
Company/Organization Name (as it will appear in print and on the Web site)			
Physical Location (do not list PO Box here)			
<input type="checkbox"/> Do not publish Physical Location address			
Mailing Address			
Business Phone			
Toll Free Number (if any)			
Fax Number (if any)			
Business Hours <input type="checkbox"/> By appointment only			
Mon	Tue	Wed	Thu
Fri	Sat	Sun	
<input type="checkbox"/> Closed for lunch from _____ to _____			
Alternate Hours (when):			
Mon	Tue	Wed	Thu
Fri	Sat	Sun	
Forms of Payment Accepted (check all that apply)			
<input type="checkbox"/> Cash	<input type="checkbox"/> Debit/ATM		
<input type="checkbox"/> Personal Check	<input type="checkbox"/> Discover		
<input type="checkbox"/> Business Check	<input type="checkbox"/> American Express		
<input type="checkbox"/> Traveler's Check	<input type="checkbox"/> MasterCard		
<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Visa		
<input type="checkbox"/> Money Order	<input type="checkbox"/> Vision		
<input type="checkbox"/> Other (please list)			

Primary Contact (included with all memberships) Name	
Title	
Telephone	Ext.
Mailing Address <input type="checkbox"/> Same as business mailing address	
E-mail Address	
I would like to receive the Chamber newsletter via (check one) <input type="checkbox"/> U.S. Mail <input type="checkbox"/> E-mail	
Alternate Contact (Regular/Regular Non-Profit membership only) Name	
Title	
Telephone	Ext.
Mailing Address <input type="checkbox"/> Same as business mailing address	
E-mail Address	
I would like to receive the Chamber newsletter via (check one) <input type="checkbox"/> U.S. Mail <input type="checkbox"/> E-mail	
Business Categories	
General Category	
Other Categories	
Business Website Address www.	

Section 2: MEMBERSHIP OPTIONS

The following options are available for Single Regular/Non-Profit, Regular & Regular Non-Profit Chamber membership participation. Please make your selections below.

Option	Yes	No Thanks
Serve as a Task Force Member ^F		
Interested in serving on the Board ^F		
Host a Business After Hours ^F		
Ribbon Cutting Ceremony ^F		