



**Coffey County  
Chamber of Commerce**

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

**2012  
Member Information  
&  
Benefit Options**

Coffey County Chamber of Commerce  
& Visitor Center  
305A Neosho Street, Burlington, KS 66839

620.364.2002 or 877.364.2002  
executivedirector@coffeycountychamber.com

**[www.coffeycountychamber.com](http://www.coffeycountychamber.com)**

## Section 1: BUSINESS INFORMATION

Company / Organization Name  
(as it will appear in print and on the website)

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Mailing Address

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Physical Location (do not use PO Box)

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Business Phone: \_\_\_\_\_

Toll Free Number (if available): \_\_\_\_\_

Fax Number (if available): \_\_\_\_\_

Business Hours  By Appointment Only

Mon	Tue	Wed	Thu
Fri	Sat	Sun	

Closed for lunch from \_\_\_\_\_ to \_\_\_\_\_

Alternate Hours

Mon	Tue	Wed	Thu
Fri	Sat	Sun	

### Forms of Payment Accepted (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cash             | <input type="checkbox"/> Debit Card       | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Personal Check   | <input type="checkbox"/> Discover Card    | _____  |
| <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           | _____  |

# Contact Information

## Primary Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address:  same as business mailing address

\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

I would like to receive the Chamber Newsletter via:

U.S. Mail

E-mail

## Alternate Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address:  same as business mailing address

\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

I would like to receive the Chamber Newsletter via:

U.S. Mail

E-mail

## Miscellaneous Information

Type of Business \_\_\_\_\_

Business Website \_\_\_\_\_

Facebook Page \_\_\_\_\_

## 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
Interested in serving on the Board		
Host a Business After Hours		
Ribbon Cutting Ceremony		

## Section 3: MEMBERSHIP INVESTMENT

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	\$ _____

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

## Section 4: ADVERTISING OPTIONS

<b>Chamber Website Ad</b>		
3 months	\$45.00	\$ _____
6 months	\$80.00	\$ _____
12 months	\$120.00	\$ _____
<b>Chamber Newsletter Ad</b>		
3 months	\$15.00	\$ _____
6 months	\$20.00	\$ _____
12 months	\$30.00	\$ _____
Member Web Page / First Year	\$40.00	\$ _____
Renewing	\$10.00	\$ _____

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Member Option / Benefit	Amount
Membership Investment	\$ _____
Chamber Website Advertising	\$ _____
Chamber Newsletter Advertising	\$ _____
Member Web Page (new: \$40 / renew: \$10)	\$ _____
<b>GRAND TOTAL</b>	\$ _____

## 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	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**  
**305A Neosho Street**  
**Burlington, KS 66839**

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

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