



P.O. Box 472

WELLSVILLE

AREA CHAMBER OF COMMERCE



Wellsville, KS 66092

WELLSVILLE AREA CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

DUE BY: 09/30/2022

Invoice #93022

Type of Application (circle one): Business Application Individual Application

Name: _____

Business Description: _____

Business Owner: _____

Primary Contact: _____ DOB (MM/DD) _____

Secondary Contact: _____ DOB (MM/DD) _____

Street Address: _____ City _____ St _____ Zip _____

Mailing Address: _____ City _____ St _____ Zip _____

Is your business a home-based business? Yes No Number of Employees: _____

Date Business Established: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Website: _____

Platinum Business - \$500.00

Non-Profit - \$100.00

Gold Business - \$300.00

Church - \$100.00

Silver Business - \$150.00

Associate Member - \$50.00

*Associate member status shall be reserved for non-business individuals wishing to be part of the Chamber

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received:

Invoice #:

Added to Member List

Please indicate your willingness to participate in the following Chamber activities or committees :

_____ Membership/Welcome Committee

_____ Car Show

_____ Wellsville Days Golf Tournament

_____ Wine Mixer

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Date Received:

Invoice #:
Added to Member List