



# The Chamber in Hays, Kansas Member Application

Business Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Years in Business \_\_\_\_\_ Anniversary Month and Year \_\_\_\_\_

Special Business Ownership

- Locally-owned    Self-employed    Non-profit    Veteran-owned    Woman-owned    Minority-owned

Website \_\_\_\_\_ Facebook \_\_\_\_\_ Instagram \_\_\_\_\_

Primary Representative \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Preferred contacted method    Phone    Cell    Email    I would like to receive TextCaster notifications

I am interested in hosting    Chamber Chat    Ribbon Cutting    Catching Up    Business After Hours  
 Groundbreaking    Grand Opening

Photo Release - I, ( Do /  Do not) grant permission to The Chamber to reproduce the photographs or videos taken of me, and/or my business, for the purpose of publication, promotion, or advertising for The Chamber and/or my business.

Out of the following, what interests you about your chamber investment?

- Advocacy    Referrals    Marketing / Promotion    Job Postings    Chamber Cheques    Business Culture  
 Community / Business Involvement    Events / Networking    Professional Development    Leadership Hays  
 Hays Young Professionals    Ambassadors    Other (Specify): \_\_\_\_\_

Investment Levels

- Connector ----- \$ 360.00   
Elevator ----- \$ 725.00   
Collaborator----- \$ 1,860.00   
Leader----- \$ 3,720.00   
Executive ----- \$ 6,020.00   
Community ----- \$ 100.00   
Child Care ----- \$ 100.00

One-time administrative fee (please include in payment) ----- \$ +25.00

Total Investment Paid ----- \$ \_\_\_\_\_

*Prorated dues may apply - contact The Chamber for details*

Preferred Billing Cycle:    Annual    Bi-Annual    Quarterly    I am interested in ACH payments

How would you prefer to receive your invoices?    Email \_\_\_\_\_    Mail    Both

Billing Rep if other than the Primary Rep \_\_\_\_\_

Billing Rep Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marketing Rep if other than the Primary Rep \_\_\_\_\_

Marketing Rep Email Address \_\_\_\_\_

Referred to The Chamber by \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please submit this application to The Chamber.  
2700 Vine Street Hays, KS 67601 | hayscc@hayschamber.com*

For Chamber Staff Use Only

Amount \_\_\_\_\_ Admin. Fee \_\_\_\_\_ Check # \_\_\_\_\_ Date Paid \_\_\_\_\_ Invoiced \_\_\_\_\_  Chamber Master    QuickBooks  
 MIC Login    Company Logo    Ambassador Team    Decal Delivered    Coupons Delivered

Notes: \_\_\_\_\_