

Membership Application

To maximize our value to your organization, complete and return the following information. Your response will enable us to activate your company's official membership file. *The Kentucky Chamber will use this data for official purposes only. This information will be used in our annual membership directory.*

Contact _____ Title _____

Organization _____

Address _____ City/State/Zip _____

Phone _____ Fax _____

E-mail _____ Web site _____

Number of employees _____ Parent Company _____

Primary line of business _____ 2 digit SIC code _____

Additional Contact Information

Government/Public Affairs (name and title)

Human Resources (name and title)

Finance (name and title)

Safety/Environmental (name and title)

Marketing (name and title)

I understand that by providing the fax number and e-mail address above, on behalf of the organization specified above, I am authorized to and hereby consent for the organization to receive faxes and e-mails sent by or on behalf of the Kentucky Chamber of Commerce.

Yes, I understand that I will need to contact my legislator on behalf of Kentucky businesses when the Chamber issues an Action Alert. **Contact your legislator at 800-372-7181.**

Signature (required) _____

Home address zip code _____
(needed to send information related to your legislative district)

Investment Schedule

Please calculate your investment based on the number of employees in Kentucky. Two part-time employees equal one full-time employee.

Basic Membership
\$325 + \$6 per employee

Key Investor Levels

Stakeholders
\$1,000 + \$6 per employee

Board of Trustees
\$5,000 + \$6 per employee

Presidential Advisors
\$10,000 + \$6 per employee

Chairman's Circle
\$25,000 + \$6 per employee

No. of Employees (if over one): _____
x \$6 = _____

Annual Dues:

Membership level amount (listed above)
+ \$6 per employee: _____

Application Fee (one time fee): **\$25.00**

TOTAL: _____

For companies with more than 100 employees, please contact the membership department for your investment amount.

Please select your areas of interest:

- | | |
|--|--|
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Tax & Fiscal Policy | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Political Education | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Education | |

Payment Options

Invoice me

Pay by check Amount \$ _____ Check no. _____

Pay by credit card

Charge to: (circle one) VISA Mastercard American Express

Card no. _____

Expiration date _____ Security code _____
(3- or 4-digit code on card)

Signature _____



Kentucky Chamber
Uniting Business. Advancing Kentucky.