## MAXIMIZE OUR VALUE TO YOUR ORGANIZATION

Please complete and return the following information. Your response will enable us to activate your company's official membership. The Kentucky Chamber will use this data for official purposes only.



## **KEY INFORMATION**

Contact Name		Title			Areas of		
					INTEREST		
Organization					O Human Resources	O Small Business	
					O Energy/Environment	O Political Education	
Address		City/State		Zip Code	Tax & Fiscal Policy     Seconomic Developm	O Education ent O Member Savings	
					Health Care	O Workforce	
Phone		Fax			O Argiculture O Equine		
Email		Website					
				Why are you joining the			
OYES         ONO           Number of Employees         Member of Local Chamber? Name of Local Chamber					<b>KENTUCKY CHAMBER</b>		
					Advocacy. I want to ens	-	
ADDITIONAL CONTACT INFORMATION					is heard in Frankfort and Washington D.C.		
					Member Savings Opp	ortunities.	
Coursement (Dublic Affaire (Name Title)					Check all that apply:  Anthem ChamberAdvantage  ClearPath Mutual  The Standard		
Government/Public Affairs (Name, Title)							
Human Resources (Name, Title)					Staples Business Advantage UPS Freight Shipping		
Safety/Environmental (Name, Title)							
Marketing (Name, Title)					I understand that by providing the contact information above, on behalf		
					of the organization	specified above,	
PAYMENT		_			I am authorized to a for the organization	and hereby consent	
Invoice Me Pay by check	Invoice Me Pay by check Pay by credit card VISA Mastercard Amer			ercard American Express			
\$							
Amount	Check No.	Card Number			Yes, I understand that I will need to contact my legislator on behalf of		
					Kentucky business Chamber issues ar	es when the n Action Alert	
		Exp. Date	Security Code				
					Contact your legislate	or at 600-372-7161.	
Total Investment:							
Signature:							