

## Membership Application

Date: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_

(In Case of Event Cancellation)

- Please Bill my Chamber Account
- Please Send invoice to the Address Provided

**Cost:**

**\*\$35 for Chamber Members**

**\*\$50 for Non-Chamber Members**

**\*\$15 for Name Badge (Required)**

**How did you hear about us?**

- Friend
- Kearney Area Chamber of Commerce
- Newspaper
- Website
- Other \_\_\_\_\_

Please send completed application to:

[jnollette@kearneycoc.org](mailto:jnollette@kearneycoc.org) or

Kearney Area Chamber of Commerce

PO Box 607

Kearney, NE 68848

Fax: 308-237-3103 Phone: 308-237-3101

For Office Use Only:

\_\_\_\_ ChamberWare \_\_\_\_ Email \_\_\_\_ Nametag \_\_\_\_ Bill \_\_\_\_ Sign-In Sheet \_\_\_\_ Board