

MEMBERSHIP APPLICATION

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

<input type="text"/>		<input type="text"/>	
Contact Name	Title		
<input type="text"/>			
Organization			
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address	City/State		Zip Code
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Phone	Fax		
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Email	Website		
<input type="text"/>		<input type="radio"/> YES <input type="radio"/> NO	<input type="text"/>
Number of Employees	Member of Local Chamber?	Name of Local Chamber	

Areas of INTEREST

- | | |
|--|---|
| <input type="radio"/> Human Resources | <input type="radio"/> Small Business |
| <input type="radio"/> Energy/Environment | <input type="radio"/> Political Education |
| <input type="radio"/> Tax & Fiscal Policy | <input type="radio"/> Education |
| <input type="radio"/> Economic Development | <input type="radio"/> Member Savings |
| <input type="radio"/> Health Care | <input type="radio"/> Workforce |
| <input type="radio"/> Agriculture | <input type="radio"/> Equine |

Why are you joining the KENTUCKY CHAMBER

- Advocacy.** I want to ensure my company's voice is heard in Frankfort and Washington D.C.
- Member Savings Opportunities.**
Check all that apply:
- Anthem Health Insurance
 - Clearpath Specialty
 - Salary.com
 - Staples

ADDITIONAL CONTACT INFORMATION

<input type="text"/>	
Government/Public Affairs (Name, Title)	
<input type="text"/>	
Human Resources (Name, Title)	
<input type="text"/>	
Safety/Environmental (Name, Title)	
<input type="text"/>	
Marketing (Name, Title)	

PAYMENT

Invoice Me Pay by check Pay by credit card VISA Mastercard American Express

<input type="text"/>	<input type="text"/>	<input type="text"/>
\$		
Amount	Check No.	Card Number
		<input type="text"/>
		Exp. Date Security Code

Total Investment: _____

Signature: _____

I understand that by providing the contact information 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.