



Application for Membership

Please Invoice Me _____

Member's Name _____

Representative _____ Position _____

Address _____

City, State, Zip _____

General Phone _____ Direct Phone _____

Email _____

Number of Employees in Downtown KCK _____ In Metro Area _____

Please indicate Membership Category

	<u>Minimum Annual Contribution</u>
_____ Gold Sponsor	\$2,500
_____ Corporate Member	\$750
_____ Contributing Member	\$100
_____ Individual Member	\$25

_____ I would like to volunteer my time with Downtown Shareholders' Projects: Circle One:

_____ Arts Committee/Art Walk/Murals	_____ Façade Improvement/Commercial Codes/ Signage
_____ Downtown Plan	_____ Merchants Association
_____ Marketing	_____ Business Development & Services

Please list additional personnel that you would like to receive Downtown Shareholders mailings and email updates

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Signature

Date

Please return application with check to the Downtown Shareholders, Inc.,
c/o The KCK Chamber of Commerce, P.O. Box 171337 Kansas City, KS 66101

