



**EXECUTIVE OFFICERS**

**PRESIDENT**

Mike Todd, OD

**PAST PRESIDENT**

Kent Bush

**PRESIDENT ELECT**

Troy Waltemath

**BOARD OF DIRECTORS**

**2010**

Kent Bush  
Cameron Colvard  
Gary Myers  
Denise Rockers

**2011**

Brett Kappelmann  
Alice Meyer, MD  
Scott Sullivan, DVM  
Kevin Unrein

**2012**

Mike Todd, OD  
Linda Foltz  
Shane Steinkamp  
Troy Waltemath

**CHAMBER STAFF**

**Executive Director**

Sharon Sudduth

**Augusta Chamber of  
Commerce / Convention  
& Tourism Bureau**

112 East 6th Avenue  
Augusta, KS 67010  
phone 316-775-6339  
fax 316-775-1307

augustacoc@sbcglobal.net  
www.chamberofaugusta.org

**MEMBER INFORMATION FORM 2010**

Date \_\_\_\_\_

New  Renewal

Referred by: \_\_\_\_\_

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

# of FT Employees \_\_\_\_\_ # of PT Employees \_\_\_\_\_

Year Company was Founded: \_\_\_\_\_

**PUBLIC CONTACT INFORMATION**

This information will be available in the Business Directory on our web site and should be the contact information you want the public to have.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Web Site \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**MAIN CONTACT**

This should be information on the person who will be the main contact for Chamber business.

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**ADDITIONAL CONTACTS (attach additional if necessary)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**BILLING CONTACT AND ADDRESS**

If your annual invoice should be sent to someone other than the Main Contact listed above

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**WEB SITE DIRECTORY CATEGORY LISTING**

Category \_\_\_\_\_

*Additional Categories available for \$25 each*

**Services or Products Offered:** \_\_\_\_\_

**Service Expansion Plans:** \_\_\_\_\_

**Physical Expansion Plans:** \_\_\_\_\_

**New Members - Please select format for newsletter announcement:**

Ribbon Cutting  Photo Only  Ground Breaking  Grand Opening



# Membership Investment

The Augusta Chamber of Commerce is a 501(c)(6) non-profit corporation.  
FEIN: 48-0636735

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**CALCULATE YOUR INVESTMENT** **INVESTMENT**

**STEP 1: MEMBERSHIP DUES**

- |   |       |       |
|---|-------|-------|
| <b>BUSINESS MEMBERSHIP INVESTMENT (BASIC)</b>   | \$230 | _____ |
| A business of any size, which includes one key contact.   |       |       |
| <b>NON-PROFIT ORGANIZATION OR HOME-BASED BUSINESS</b>   | \$130 | _____ |
| <b>INDIVIDUAL/RETIRED (NON-BUSINESS)</b>  | \$80  | _____ |
| Any retired business person or individual. No business contact information can be listed for this type of membership. |       |       |

**STEP 2: MEMBERSHIP EXTRAS**

- |   |                  |       |
|---|------------------|-------|
| <b>Additional Contact</b>   | \$50/ea. x _____ | _____ |
| Employees within a business can be listed individually as additional contacts. Additional contact listings receive all the benefits of the key contact in a business. |                  |       |
| <b>Branch/Additional Location</b>   | \$100            | _____ |
| Publicize a second location or branch office. Must share common ownership, have the same business name, and share some functions jointly such as marketing.           |                  |       |
| <b>Welcome Program</b> for new residents of Augusta   | \$25             | _____ |
| <b>Extra Category Listings on the Web Directory</b>   |                  |       |
| 2. _____  | \$25/ea. x _____ | _____ |
| 3. _____  |                  | _____ |
| <b>Credits/Discounts</b> New Member (B\$50, N\$30, I\$15) / Referrals (\$25)  | less             | _____ |

**STEP 3: PAYMENT OPTIONS**

**TOTAL CHAMBER INVESTMENT** \_\_\_\_\_

- |  |                          |           |          |
|--|--------------------------|-----------|----------|
| Annual Payment   | <input type="checkbox"/> | Annual    |          |
| Quarterly Payment Plan <i>(divide Total Investment by 4)</i> | <input type="checkbox"/> | Quarterly | 1. _____ |
|  |                          |           | 2. _____ |
|  |                          |           | 3. _____ |
|  |                          |           | 4. _____ |

**Circle Payment Method:** Cash    Check #: \_\_\_\_\_    Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Credit Card #: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_    Signature: \_\_\_\_\_

*Membership investments are paid in advance and automatically invoiced each year. Please note that dues may be considered ordinary and necessary business deductions but are not deductible as charitable contributions for income tax purposes.*