MEMBERSHIP APPLICATION

[ ] New or [ ] Renewal Date _____

[ ] Business Member Application ($125) [ ] Associate Member ($50) [ ] Other _____

Please complete application and return with Annual Membership fee to:
East Wichita Business Association, P.O. Box 780232, Wichita, KS 67278-0232

Last Name:	First Name:	Middle Initial:	Title:
Name of Owner/Operator (as it should appear in directory)			
Business Name (as it should appear in directory):			
Business Address (as it should appear in directory):			Suite:
			Web site (directory):
City:		State:	Zip Code:
Bus. Phone (directory)	Fax (directory)	Alt. Phone	Bus. Email (directory)
Describe your business/service in 20 words or less, as it should appear in the directory:			
Describe your customer demographic:			
Other groups and organizations you belong to:			
Professional designations:			
Personal Interests/Hobbies:			
Are you interested in **volunteering** your **Time** _____ or **Services**_____ to the organization? (indicate yes or no)			
Would you like to place an ad in the Membership Directory: Yes_____ No_____			
Applicant Signature: **X**_____			**OFFICE USE ONLY** Date Paid _____ Amount Paid _____ Check No. _____ Cash ____ Recruited by:
Your membership application will be reviewed for acceptance at the next scheduled board meeting (2nd Tuesday of the month). Notification will be sent via mail or email. New member packets will be given out at the general meeting (4th Tuesday of the month).			