



P.O. Box 16  
 Marysville, KS 66508  
 785-562-3101

[info@maryvillekansaschamber.org](mailto:info@maryvillekansaschamber.org)

## Application for Membership

I hereby make application for active membership in the Marysville Chamber of Commerce and agree to adhere to all by-laws, rules and regulations.

Business or Organization:

Contact Person:

Physical Address:

Mailing Address:

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email Address:

Website Address:

Facebook Address:

Number of Employees:      *Full Time* - \_\_\_\_\_      *Part Time* - \_\_\_\_\_

Mail Preference:      US Mail - \_\_\_\_\_      E-Mail - \_\_\_\_\_

Brief Description of Business, Service, Hours, etc.:

Membership (*check one*):

- |  |   |
|--|---|
| <input type="checkbox"/> Business              | <input type="checkbox"/> Utilities & Railroads  |
| <input type="checkbox"/> Fraternal & Associate | <input type="checkbox"/> Financial Institutions |
| <input type="checkbox"/> Ambassador            |   |

**Please Return Completed Application and Dues to the Above Address**