

Membership Application

Name of Business: _____

Contact Person (for Business Members): _____

Address: _____ City _____ Zip Code: _____

Phone Number: _____

Email address: _____

NOTE: As a member of the Chamber, you may receive exclusive offers, information, newsletters, etc.
Please list 1 additional email addresses you would like to have receive this information:

Membership Dues

\$25 Citizen Membership

\$50 Business Membership

\$100 Gold Membership (logos included in all electronic newsletters & on www.havenchamber.com)

Payable to: Haven Chamber of Commerce

Remit to: Haven Chamber PO Box 261 Haven, KS 67543