

Please fill in this form and return it to the Federal Contractors Chamber of Commerce by emailing it to jgrismore@federalcontractorschamberofcommerce.com

I HEREBY APPLY FOR A MEMBERSHIP IN THE FEDERAL CONTRACTORS CHAMBER OF COMMERCE:

Business Type	Today's Date:			
Company Name: Web Address: Primary Company Contact: Title: Muiling Address: City: State: Zip: Business Contract Email: Phone #: ALT- Business Contract Email: Billing Company Representative / Title Phone Email Isiness Description Describe your business: Is your business registered and current in SAM.GOV Y/N Business Certifications (check all that apply): (8(a) □ WOSB □ EDWOSB □ HUBZonc DOWOSB □ SDB □ None Other (please specify): Business Structure: □ LLC □ Corporation □ Sole Proprictor □ Nonprofit □ Joint Venture □ Other: Yrs. of Federal contacting experience # of Federal contacts held Contract Agency experienced with ducation Interest / courses requested: [check all applicable] arters Mid-level Advance Level □	<u>Date</u> Business Established in the State of ()_			
Web Address:	Business Type	Employees:	FTPT	
Primary Company Contact:	Company Name:			
Mailing Address: City:	Web Address:			
Business Contract Email: Phone #: ALT- Business Contract Email: Phone #: Billing Company Representative / Title Phone Email sisiness Description • Describe your business: • Is your business registered and current in SAM.GOV Y/N • Business Certifications (check all that apply):	Primary Company Contact:		Title:	
ALT- Business Contract Email: Phone #: Billing Company Representative / Title Phone Email bisiness Description • Describe your business: • Is your business registered and current in SAM.GOV Y/N • Business Certifications (check all that apply): 8(a) WOSB EDWOSB HUBZone SDVOSB VOSB SDWOSB NONE PUSH SUBJECTION SOME SUBJECTION	Mailing Address: <u>City</u> :	State:	Zip:	
Billing Company Representative / Title Phone Email siness Description Describe your business: Is your business registered and current in SAM.GOV Y/N Business Certifications (check all that apply): 8(a) WOSB EDWOSB HUBZone SDVOSB VOSB SDB None Other (please specify): Business Structure: LLC Corporation Sole Proprietor Nonprofit Joint Venture Other: Yrs. of Federal contacting experience	Business Contract Email:		Phone #:	
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rvice Interest I'd like to host a Business After Hours Event by providing the location, nonalcoholic beverages and snacks.		providing the location	, nonalcoholic beverages and snacl	KS.
I'm interested in becoming a Chamber Board Member		C	_	
I'd like to be a Chamber Ambassador (a volunteer for business support and assistance, and at Chamber events			and acciptance and at Chamber or	zents

_I'd like to be on a Chamber Committee (a volunteer for business support and assistance)

Membership Interest				
	NON-MEMBERS ACCESS- ONLY WORKSHOPS			
\$500	EDUCATION-WORKSHOP ONLY			
		\$300 each additional company person		
\$4000	EDUCATION-UNLIMITED WORKSHOP			
		\$2000 each additional company person		
\$3000	EDUCATION-PARTNERSHIP ORG.			
\$4500	BUSINESS LEVEL			
\$8,000	BUSINESS PRO			
\$13,000	BUSINESS PRO+EDU			
	Other	[explain]		
Primary- Employee Employee PAYMENT INFO Send me an Invoice to send payment Please send me an electronic invoice with a link that I can pay by credit/debit card to the following email: SECTION 5: AUTHORIZATION Name of Authorized Representative:				
Signature:				

DO NOT
SEND PAYMENT UNTIL YOU
RECEIVE YOUR FORMAL APPROVAL LETTER