



2024 MEMBERSHIP LEVELS

Chamber Membership	Individual/Family	Non-Profit /Civic	Chamber Business Partner	CEO Circle
Cost of Membership	\$35	\$50	\$100	\$200
Included in Membership Listing- In Print and on Website	X	X	X	X
Attend Membership Monthly Meetings	X	X	X	X
Vote in Chamber Elections	X	X	X	X
Chamber Membership Annual Plaque		X	X	X
Participate in Chamber Bucks Program			X	X
Chamber assistance with Ribbon Cuttings and Anniversaries			X	X
Listing in Online Member Directory- Search by Category		X	X	X
Chamber Website Links to your Website and Social Media Platforms		X	X	X
Chamber Email Promotion of your Business Events		X		X
List of your Events on Chamber Website Calendar				X
Your Logo included on Chamber Event Correspondence and Advertising				X
Included Chamber Banquet Tickets		2	2	4

New Businesses- First Year Half Price Business Level Membership

PO Box 1326 Elkhart, KS 67950 | 620.697.4600 | www.mtcokschamber.com



Business MEMBERSHIP FORM

PO Box 1326 Elkhart, KS 67950 | 620.697.4600 mortoncochamber@gmail.com | www.mtcokschamber.com

BUSINESS INFORMATION

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Email : _____

Website: _____ Facebook / Social Media: _____

Date Business / Organization Established: _____

Describe (products/services/hours) your business for your listing in our business directory:

Business Category (choose one or more or list your own category if these do not apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Government | <input type="checkbox"/> Real Estate & Housing |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Beauty/Salon | <input type="checkbox"/> Housing | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Construction & Home Repair | <input type="checkbox"/> Insurance | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Education/Childcare | <input type="checkbox"/> Legal | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Lodging | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Media & Marketing | |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Organizations | |
| <input type="checkbox"/> Funeral Services | <input type="checkbox"/> Pest Control | |

ADDITIONAL INFORMATION

Primary Contact _____

Email Address: _____ Contact Number _____

Additional Representatives (list email addresses if they wish to receive the Chamber newsletter):

TIERED MEMBERSHIP INVESTMENT

CEO Circle.....\$200.00

Non-Profit/Civic Group Membership..... \$50.00

Chamber Business Partners..... \$100.00

Additional Membership(s)*\$50.00/each

of Additional Memberships requested: _____

**Additional Memberships are for those who wish to include additional business locations or have multiple businesses in one location Additional Business information form on following page.*

Would you like your business listed as a business that accepts Chamber Bucks? _____ YES/NO
(Not Available for Non-Profit/Civic Groups)

Chamber Bucks are redeemable at Pate Agency LP Monday- Friday 9AM- 5PM

Would you be interested in serving on a committee or helping with chamber events? _____ YES/NO

Please consider any of the following activities in which you like to participate:

Event Planning (Chamber events, Leadership events etc.) Membership, fundraising, meals (monthly meeting planning, membership drive, etc.) Web Admin (Website updates, Facebook, etc.) Communications & Advertising (Cornerstone Hub) Administrative Duties (mailings, data entry, behind the scenes help)

Participation Interests/Ideas: _____

Office Use Only:

Date Received: Payment: Ref. No.: By:

ADDITIONAL BUSINESS INFORMATION

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Email : _____

Website: _____ Facebook / Social Media: _____

Date Business / Organization Established: _____

Describe (products/services/hours) your business for your listing in our business directory:

Business Category (choose one or more or list your own category if these do not apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Government | <input type="checkbox"/> Real Estate & Housing |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Beauty/Salon | <input type="checkbox"/> Housing | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Construction & Home
Repair | <input type="checkbox"/> Insurance | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Education/Childcare | <input type="checkbox"/> Legal | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Lodging | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Media & Marketing | |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Organizations | |
| <input type="checkbox"/> Funeral Services | <input type="checkbox"/> Pest Control | |

ADDITIONAL INFORMATION

Primary Contact _____

Email Address: _____ Contact Number _____

Additional Representatives (list email addresses if they wish to receive the Chamber newsletter):

Would you like this business listed as a business that accepts Chamber Bucks?
(Not Available for Non-Profit/Civic Groups)

YES NO