



John Brown of Osawatimie, Kansas

OSAWATOMIE

CHAMBER OF COMMERCE



MEMBERSHIP APPLICATION/RENEWAL FORM

BUSINESS MEMBERSHIP:

Company/Business Name (Please print or type): _____

Contact person and Title (Owner, Manager, etc.) (Please Type or Print): _____

Physical Address: _____

Mailing Address: _____

Phone: (____) _____

Cell Phone: (____) _____

Fax: (____) _____

E-Mail: _____

Website Address: _____

_____ Yes, it is OK for the above information to be posted on the Chamber website

_____ No, I would prefer my information NOT be posted on the Chamber website

If so, please CIRCLE any information you do NOT want posted on the website

INDIVIDUAL/FAMILY MEMBERSHIP:

Member Name (Please print or type): _____

Physical Address: _____

Mailing Address: _____

PO Box 63 628 Main St.
Osawatimie, KS 66064
Phone/Fax (913) 755-4114

