



La Cygne Chamber of Commerce
www.cityoflacygne.org/chamber
MEMBERSHIP/ RENEWAL FORM

Date: _____ Membership year: _____

Name of Business: _____

Services Offered: _____

Contact Name: _____

Business Address: _____

Mailing Address (if different): _____

Email: _____

Phone Numbers

Business: _____

Mobile: _____

Fax: _____

Home: _____

I have an existing website. _____

I do not have an existing website

Enclosed is payment for annual dues of \$50.00 business or family

Enclosed is payment for annual dues of \$25.00 for booster

(Please make checks payable to La Cygne Chamber of Commerce)

Please return this form and payment to: **La Cygne Chamber of Commerce**
PO BOX 12
La Cygne, KS 66040

Questions:

Please contact Russell Pope with any questions

Email: rpoppe@firstoptionbank.com

Phone: 913-757-2001