



**La Cygne Chamber of Commerce**  
**[www.cityoflacygne.org/chamber](http://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**

**Or give to Stella Thompson at First Option Bank (Chamber treasurer)**

Questions:

Please contact Russell Pope @ First Option Bank