



2025 Membership Application

Mail or email with payment to Wichita Regional Chamber of Commerce
350 W Douglas Ave Wichita, KS 67202 | ssleiman@wichitachamber.org | t: 316-268-1116

Staff Use Only

Sales Person: _____ Dues Approved: _____ Payment Received: _____ Join Date: _____

Company Information

Company Name _____ Date Established _____

Employee Count (local, non-contracted) Full-Time Equivalent _____ (Full-Time _____ Part-Time _____)

Main Contact _____ Title _____

The main contact's name & title will be displayed in the online Member Directory and occasional mail from the Chamber will be addressed to them.

Email _____ Phone _____

Sign up for e-communications? Yes No Add W Membership (Young Pros)? (+\$50/yr) Yes No

Mailing Address _____ City, ST ZIP _____

Billing Contact _____ Billing Email _____

Billing Address _____ City, ST ZIP _____ Same as mailing

Member Directory Listing Information

Physical Address _____ City, ST ZIP _____ Leave blank for unlisted

Website _____

Email (hidden) _____ Phone _____

Business Category (based on NAICS Codes; one included) _____

Additional Business Category (+\$25/ea. per year) _____

Key Words (unlimited) _____

Description (≤280 characters)

Social Media Links

Facebook.com/ _____ Instagram.com/ _____ Twitter.com/ _____

LinkedIn.com/ _____ YouTube.com/ _____

Payment Due

Annual* Membership Investment \$ _____

One-Time Application Fee \$ _____

Optional Additional Category Listings (\$25/ea. per year) \$ _____

Optional W Membership (\$50/ea. per year) \$ _____

Total \$ _____

* You will be invoiced automatically for payment on your anniversary date unless you notify us to terminate.

Payments to the Wichita Regional Chamber of Commerce may be tax deductible as necessary and ordinary business expenses but are not deductible as charitable contributions. The Chamber estimates that 9.9% of your investment is used for lobbying and is not tax deductible.

Check # _____ OR American Express MasterCard Visa Discover

Card # _____ Exp. _____ Billing ZIP Code _____

Cardholder's Name _____ Signature _____

Additional Employees

Name _____	Title _____
Email _____	Phone _____
Sign up for e-communications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add W Membership (Young Pros)? (+\$50/yr) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Title _____
Email _____	Phone _____
Sign up for e-communications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add W Membership (Young Pros)? (+\$50/yr) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Title _____
Email _____	Phone _____
Sign up for e-communications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add W Membership (Young Pros)? (+\$50/yr) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Title _____
Email _____	Phone _____
Sign up for e-communications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add W Membership (Young Pros)? (+\$50/yr) <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Information

Who referred you to the Chamber? _____

What is the primary benefit of membership that prompted you to join today?

- | | |
|--|--|
| <input type="checkbox"/> Increased visibility for my business, products, or services | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Education/Information regarding business issues | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Civic responsibility/Support the business environment | <input type="checkbox"/> Insurance plans |
| <input type="checkbox"/> Other: _____ | |

What do you hope to accomplish in your first year as a member?

Diverse Business Categories

The Wichita Regional Chamber of Commerce is committed to diversifying its membership base. The Chamber follows the Kansas Department of Commerce's definition of a diverse business, where the business must be at least 51% owned and controlled by individual(s) in one of the below categories. If your business meets that definition, please check all categories that apply.

Information in this section will not be displayed or shared publicly without your consent.

- | | | | | | | | |
|--------------------------------------|--|---|---------------------------------------|--|--------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Women-Owned | <input type="checkbox"/> Military- or
Veteran-Owned | <input type="checkbox"/> Minority-Owned (specify below) | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Asian Pacific | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American |
| | | | <input type="checkbox"/> LGBTQIA+ | <input type="checkbox"/> Other: _____ | | | |

I agree to permit the Chamber to list this organization as a Diverse Business in the Member Directory.

If checked, your business may be displayed and searchable as "Women-Owned", "Military- or Veteran-Owned" or "Minority-Owned" more specific (i.e., racial) identifiers will not be included.

Which of the following member benefits are of interest to you?

- | | |
|--|---|
| <input type="checkbox"/> Sponsoring a Chamber event or program | <input type="checkbox"/> Milestone event (ribbon cutting, ground breaking, grand opening) |
| <input type="checkbox"/> Hosting a Chamber event | <input type="checkbox"/> Speaking at a Chamber event |

Would you be interested in hearing more about these Chamber departments/initiatives?

- | | | | | |
|---|--|---------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Inclusion & Diversity | <input type="checkbox"/> Talent | <input type="checkbox"/> Pride-in-Place | <input type="checkbox"/> Advocacy |
|---|--|---------------------------------|---|-----------------------------------|

Referral

Do you know of any other companies that might benefit from a Chamber membership?

Visit <https://www.wichitachamber.org/forms/Refer-A-Member> to submit their information.