

Sponsor: _____



Corporate Member Registration Form

Membership Levels

Platinum: \$5,000 (5 reps)

Gold: \$2,500 (4 reps)

Silver: \$1,000 (3 reps)

Bronze: \$500 (2 reps)

Amount Enclosed: \$ _____

Date: _____

Company Name _____

Company Membership Contact: _____

Mailing Address: _____

Physical Address (if different) _____

City	State	ZIP
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E-mail address (required): _____

(FOM correspondence is sent via email. Please be sure to complete this line)

For multiple representatives please list on back

Office Phone: Area Code (____) _____

Cell Phone: Area Code (____) _____

Please complete this form and mail with your check payable to Friends of McConnell to:

**Ms. Pat Gallagher ~ Friends of McConnell
350 W. Douglas Avenue ~ Wichita, KS 67202
316.268.1157 or 316.304.1187**

THANK YOU!