

**BLACK CHAMBER
OF COMMERCE**



of Greater Kansas City

5737 Swope Parkway, Kansas City, Missouri 64130

www.bccgkc.org

Membership Application

Firm Name _____
Contact Rep _____
Position _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____ Website _____
Business Description _____

Primary NAICS Codes: _____

How did you learn about us?

Newspaper Online Referral Other _____

Number of Employees

_____ Full time _____ Part Time

Entity Structure

Sole Proprietorship Partnership LLC
 Corporation S-Corp LLP
 Other _____

Number of Years in business: _____

Annual Gross Income: _____

Certifications

KCMO Minority Business Enterprise (MBE) Date _____
 KCMO Women Business Enterprise (WBE) Date _____
 SBA Section 8(a) Date _____
 Section 3 Date _____
 Other _____ Date _____

Investment Schedule

<input type="checkbox"/>	Student (Note: Requires copy of student ID or letter from educational institute on letterhead)	50
<input type="checkbox"/>	Individual	100
<input type="checkbox"/>	Non-Profit (Note: Must submit a copy of your organization's tax exempt letter upon approval)	300
	Business (Note: 1 FT employee = 2 PT employees)	
<input type="checkbox"/>	Barbers & Beauticians	175
<input type="checkbox"/>	Small Business: 10 or less employees	300
<input type="checkbox"/>	11-20 employees	400
<input type="checkbox"/>	21- 45 employees	500
<input type="checkbox"/>	46 - 70 employees	600
<input type="checkbox"/>	71 – 95 employees	850
<input type="checkbox"/>	95+ employees	1,000
<input type="checkbox"/>	President's Roundtable	1,500
	Multi-Year Corporate Sponsorship	
<input type="checkbox"/>	Sustaining	2,500
<input type="checkbox"/>	Bronze Sustaining	5,000
<input type="checkbox"/>	Silver Sustaining	10,000
<input type="checkbox"/>	Gold Sustaining	15,000
<input type="checkbox"/>	Platinum Sustaining	20,000

BCCGKC Committee(s)

Please select the committee(s) in which you would like to serve on.

- | | |
|--|---|
| <input type="checkbox"/> Legislative & Public Policy | <input type="checkbox"/> Business & Economic Development |
| <input type="checkbox"/> Membership Development | <input type="checkbox"/> Finance <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Programs & Activities | <input type="checkbox"/> Marketing/Communications/Public Relations |

Method of payment

Check (Please make all checks payable to the Black Chamber of Commerce)

Credit Card Visa MasterCard Discover Amex

Card Holder Name _____ Billing Zip _____

Card Number _____ Exp. Date _____ CV2 _____

Card Holder Signature _____ Date _____

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Signature _____ Date _____

Print Name _____