



Women's Division  
Leavenworth/ Lansing Area  
Chamber of Commerce

## MEMBERSHIP APPLICATION

518 Shawnee  
Leavenworth, Kansas 66048  
Phone 913-682-4112 Fax 913-682-8170

Please complete the following and return with annual dues payment of **\$25**. Make checks payable to WOMEN'S DIVISION/CHAMBER OF COMMERCE. If you have any questions, please contact Dionne Smith [dionne.smith1@gmail.com](mailto:dionne.smith1@gmail.com) , President, or Jordan Frost [jfrost@primehealthcare.com](mailto:jfrost@primehealthcare.com) , Treasurer.

NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, ST ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BIRTHDAY (MONTH/DAY) \_\_\_\_\_

SCHOLARSHIP FUND DONATION (OPTIONAL) \$ \_\_\_\_\_

\_\_\_\_\_ RENEWAL

\_\_\_\_\_ NEW MEMBER

\_\_\_\_\_ PLEASE ADD MY CONTACT INFORMATION TO THE WOMEN'S DIVISION DIRECTORY

Mail or Fax this Form to: Leavenworth-Lansing Area Chamber of Commerce  
518 Shawnee Street PO Box 44 Leavenworth, KS 66048  
Fax: 913.682.8170

THANK YOU FOR YOUR SUPPORT!