



Individual Membership Enrollment

I promise to pay to Team Kansas an annual fee of \$200. Annual dues are billed and payable on your anniversary date of joining Team Kansas. **Please make check payable to "Team Kansas."**

Date of Enrollment: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Position/Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Type of Company: _____

Profession:

National Marketing

International Marketing

Economic Development Professional

Business Owner

Signature

Date