



2012 MEMBERSHIP

ORGANIZATION: _____

TYPE OF BUSINESS: _____

MEMBER NAME: _____

TITLE: _____

ADDRESS: _____

CITY & ZIP: _____ COUNTY: _____

PHONE: _____ WEBSITE _____

EMAIL: _____

Each organization/membership represents one voting member. Associate Members, who join at half your membership rate, are not voting members but receive all other KOR benefits.

ASSOC. MEMBER NAME & TITLE: _____

PHONE: _____ EMAIL: _____

ASSOC. MEMBER NAME & TITLE: _____

PHONE: _____ EMAIL: _____

MEMBERSHIP RATES

√ Check Appropriate Membership Level

Student	\$10
Individual	\$55
Non-Profit Organization	\$55
Educational Institution	\$55
Government Entity:	
Population <2,000	\$55
Population 2,000-15,000	\$110
Population >15,000	\$220
Business	
Gross Sales < \$1Million	\$110
Gross Sales \$1-\$5 Million	\$220
Gross Sales > \$5 Million	\$500
Add Associate Members at 1/2 your membership cost:	
# Associate Members	\$

TOTAL MEMBERSHIP \$ _____

Mail application and payment to:

KOR
212 SW 8th Ave. Ste. 202
Topeka, KS 66603

www.kskor.org
kskor@kskor.org

785-233-3771

Fax: 785-233-5659

Paying By Credit/Debit Card:

___ Amex ___ Discover

___ Mastercard ___ VISA

Name _____

Card # _____

Expiration _____