



Member Information

Name _____

Business/Organization _____

Business/Organization Address _____

Phone _____ Email (primary method of communication) _____

Birth date _____ How did you hear about HAYP? _____

I wish to receive digital text notifications (for HAYP deadlines, upcoming events, RSVP's, reminders, etc.).

Mobile Number: _____ Mobile Carrier: _____

What do you hope to gain from your involvement with the HAYP organization? _____

Indicate here if you would like to be added to the HAYP Facebook group for updates: Yes, add me

Committee Interest (not required):

Civic/Volunteer Professional Development Social/Networking

HAYP nametag

First and last name: _____ Organization representing: _____

Membership Dues

Please see page two for payment information. Fees will be pro-rated throughout the year. A one-year commitment is required. Membership fees are non-refundable and non-transferable from business to business.

I agree to preserve the reputation of the business/organization I represent as well as that of the Hays Area Chamber of Commerce and HAYP. I agree to promote the highest degree of professionalism and business ethics among the members of HAYP. I will respect the dignity, privacy and well-being of people with whom I interact. I agree to follow the Code of Commitment:

I commit

- To being present (in person or electronically).
- To providing my service, enthusiasm, and skills.
- To participating in meetings, events and activities.
- To responding to communication as needed.
- To meeting deadlines for RSVPs on social events and other activities.

Applicant's signature _____ Date _____

Employer's signature _____ Date _____

HAYP Membership Dues

Please check one of the following (all rates will be pro-rated so membership runs from January through December):

_____ Chamber Member Rate - \$80 (\$6.67 per month)

_____ Non-Member Rate - \$120 (\$10 per month)

_____ Student Rate - \$60 (\$5 per month)

Billing Information

Please check one of the following:

_____ My check, made payable to the Hays Area Chamber of Commerce, is enclosed.

_____ Please send me an invoice.

_____ I would like to pay by credit card:

MasterCard _____ or Visa _____

Card number _____

Expiration date (MM/YY) _____

Three digit PIN on back of card _____

Signature _____

Please return application and payment to:

Hays Area Chamber of Commerce
2700 Vine Street
Hays, KS 67601
Phone: 785-628-8201