



Member Information		
Name		·
Business/Organization		
Business/Organization	Address	
Phone	Email (primary method of communicat	ion)
Birth date	How did you hear about HAYP?	
What do you hope to g	gain from your involvement with the HAYP org	ganization?
Committee Interest (n	ot required):(Please see attachment)	
Membership Dues		
Please see page two for	r payment information. Fees will be prorated the	hroughout the year. A one-year
commitment is require	d. Membership fees are non-refundable and no	on-transferable from business to
business.		
I agree to preserve the	reputation of the business/organization I repre	sent as well as that of the Hays Area
Chamber of Commerce	e and HAYP. I agree to promote the highest de	gree of professionalism and business
ethics among the mem	bers of HAYP. I will respect the dignity, privac	cy and well-being of people with whom I
interact. I agree to foll	ow the Code of Commitment:	
<ul><li>To providing n</li><li>To participatin</li><li>To responding</li></ul>	nt (in person or electronically). ny service, enthusiasm, and skills. g in meetings, events and activities. to communication as needed. adlines for RSVPs on social events and other a	activities.
Applicant's signature		Date
Employer's signature		Date

HAYP Membership Dues
Please check one of the following (all rates will be prorated 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)
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
Cond number
Card number
Expiration date (MM/YY)
Three digit PIN on back of card

## Please return application and payment to:

Hays Area Chamber of Commerce 2700 Vine Street Hays, KS 67601

Phone: 785-628-8201

Signature \_\_\_\_\_