



MEMBERSHIP APPLICATION

Member Information

Company Name: _____

Please note: This is how the member name will appear in all materials produced by KABA.

Address: _____

City: _____ State: _____ Zip: _____ Web site: _____

Phone Number: _____ Fax Number: _____

Number of Employees: _____ Dues enclosed: (Please refer to dues schedule on reverse) \$ _____

How did you hear about KABA? _____

Please select an industry category that best describes your company:

- | | | |
|---|--|---|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Health Care & Related Industries | <input type="checkbox"/> Non-Profits |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Individual Member | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Construction & Related Industries | <input type="checkbox"/> Insurance, Legal & Financial Services | <input type="checkbox"/> Retail Establishments |
| <input type="checkbox"/> Engineering & Architectural Services | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Telecommunications & Utilities |
| <input type="checkbox"/> Government & Education | <input type="checkbox"/> Media | <input type="checkbox"/> Transportation, Distribution & Warehousing |

Please describe your business _____

Please specify the primary services you expect from KABA: _____

Primary Contact Information

This individual will receive all primary correspondence including event invitations, quarterly newsletters and e-mail updates. There is a section on the reverse to add additional employees to our newlists if you choose.

Name: _____

Title: _____ Department: _____

E-mail: _____

Direct Phone Number: _____ Ext.: _____ Direct Fax Number: _____

Training & Human Resources Contact Information

This individual will receive all training, human resource and survey correspondence.

Same as above Name: _____

Title: _____ Department: _____

E-mail _____

Direct Phone Number: _____ Ext.: _____ Direct Fax Number: _____

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Additional Contacts

NAME	TITLE	PHONE	EMAIL
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

2017 KABA Dues Schedule

Non-profit agencies	\$300.00
Businesses with 1 to 10 employees	\$300.00
Businesses with 11 to 25 employees	\$450.00
Businesses with 26 to 50 employees	\$575.00
Businesses with 51 to 75 employees	\$825.00
Businesses with 76 to 100 employees	\$1,100.00
100+ employees	Please contact KABA

If you would like to support KABA on an individual basis, please contact the office to discuss. Thank you.

Comments and Suggestions

When the form is complete, please mail or fax to:

Kenosha Area Business Alliance

5500 6th Avenue, Suite 200

Kenosha, WI 53140

P: 262.605.1100

F: 262.605.1111

Applications are also available online at:

www.kaba.org



KENOSHA AREA BUSINESS ALLIANCE

Connect Here.