



MEMBERSHIP APPLICATION

WORKING WITH YOU TO PREVENT CRIME



100 S. Main, Suite 508

Wichita, KS 67202

P: 316-267-1235

www.wichitacrimecommission.org

Membership Levels

Corporate Sponsor Plus - \$5000

Includes 2 members at each Insider Briefing luncheon, a table for 10 at the Annual Awards Dinner, Corporate Sponsor Plus recognition throughout the year, Corporate Sponsorship recognition and a four-person team at the annual Make Good Choices golf tournament.

Corporate Sponsor - \$2500

Includes 2 members at each Insider Briefing luncheon, a table for 10 at the Annual Awards Dinner and other recognition throughout the year.

Member Sponsor Plus - \$1500

Business or Individual membership. Includes the monthly Insider Briefing luncheon and 4 tickets to the Annual Awards Dinner.

Member Sponsor - \$1000

Business or Individual membership. Includes the monthly Insider Briefing luncheon and 2 tickets to the Annual Awards Dinner.

General Membership - \$600

Insider Briefing luncheons will be invoiced quarterly.

Associate Executive Membership - \$300

Available to members 40 years of age or younger. Insider Briefing luncheons will be invoiced quarterly.

Senior and / or Law Enforcement - \$300

Available to members 60 years of age or older and all LEO. Insider Briefing lunches will be invoiced quarterly.

An annual contribution of \$50.00 (in addition to the dues) is requested but not required to help cover operation expenses.

Invoicing Options:

Please bill me: () Monthly; () Quarterly; () Semi-annually; () Annually

Please circle the membership level you prefer along with a supplementary contribution of \$50.00 if you choose to do so.

Then please choose your invoicing option.

Once your membership has been approved by the board an invoice will be sent to you for payment.

WMCC will send you a receipt reflecting your payment along with your membership card.

Your dues are a tax deductible donation



Applicant Name: _____

Home Address: _____

Company: _____

City, St. Zip _____

Company Address: _____

Spouse's Name _____

City, St. Zip _____

DOB: Month _____ Day _____ Year _____

Phone: Work _____ Cell: _____

Home: _____

*This information is for Crime Commission records only
and is strictly confidential*

Email _____