



Membership Application

Company Name: _____

Doing Business As (if different): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Web Address: _____

Business Description: _____ NAICS or SIC Code: _____ Union: ___ (yes) ___ (no)

Primary Business Contact: _____ **Title:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Billing Contact: _____ **Title:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Top Local Executive: _____ **Title:** _____

Phone: _____ Fax: _____ Email: _____

Human Resources Contact: _____ **Title:** _____

Phone: _____ Fax: _____ Email: _____

Gov. Relations Contact: _____ **Title:** _____

Phone: _____ Fax: _____ Email: _____

Environ/Health/Safety Contact: _____ **Title:** _____

Phone: _____ Fax: _____ Email: _____

Payment Type:

___ Check Enclosed (payable to Kentucky Association of Manufacturers) Check # _____

Charge My: ___ Mastercard ___ Visa ___ Discover ___ Amex

Card Number: _____ CVV _____ Exp. Date: _____

Cardholder's Name: _____

Cardholder's Address: _____

City: _____ State: _____ Zip: _____

Total Number of Employees in Kentucky: _____ **Amount Due: \$** _____

Kentucky Association of Manufacturers is a tax-exempt 501 (c) (6) association.
For tax purposes, 100% of your dues should be treated as an ordinary business expense and NOT as a charitable contribution.
Please consult your tax advisor.