



ENGAGE, EDUCATE
AND INFORM

Membership Application

Company Name: _____

Name: _____

Title: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Email: _____

Alternative Contact: _____

Phone: _____

Email: _____

Account/Billing Contact: Name & Title: _____

Phone: _____

Email: _____

Does the company have a disability focused employee group (ERG) or a business resource group (BRG)

YES NO

If yes, who is the contact: _____

Phone: _____

Email: _____

Investment Options (check one)

Corporate \$250

Small Business/Non-Profit \$125

Silver \$1000

Gold \$1500

Platinum \$2000

To pay by check mail to:

BLN of Sedgwick County

615 N Main

Wichita, KS 67203