

**MEMBERSHIP CATEGORIES IN
KANAWHA CITY COMMUNITY ASSOCIATION, INC.**

Yearly Dues – (For the period July 1, _____ through June 30, _____.)

| | |
|---------------------------------------|----------|
| _____ ❖ Business | \$ 100 |
| _____ ❖ Non-profit organization | 50 |
| _____ Family (2 voting members) | 25 |
| _____ Individual | 15 |
| Contribution | \$ _____ |
| Total enclosed for the K.C.C.A., Inc. | \$ _____ |

Please make all checks payable to:

Kanawha City Community Association, Inc.

All donations made to the Kanawha City Community Association are tax deductible to the full extent allowed by law.

In applying for Membership I attest that I am eligible to become a Member of the KCCA, as setout in Article III of the By-Law, and hereby subscribe to the goals and objectives of the KCCA in accordance with its By-Laws.

For information on the KCCA, including its By-Laws and Revitalization Plan, visit www.kanawhacity.org

Name _____

(Please print.)

Street _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email: _____

❖ Please designate the name or office of the representative authorized to act for and on behalf of the entity:

| | | |
|-------------|------------------------|--------------|
| | | |
| <i>Name</i> | <i>Office/Position</i> | <i>Phone</i> |

Suggest a Member:

| | | |
|-------------|----------------|--------------|
| | | |
| <i>Name</i> | <i>Address</i> | <i>Phone</i> |

TO: MEMBERSHIP CHAIRMAN
KANAWHA CITY COMMUNITY ASSOCIATION, INC.
P.O. BOX 4423
CHARLESTON, WEST VIRGINIA 25364