



MEMBERSHIP APPLICATION

Name: _____

Company Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Newsletters and special notices will be sent via email unless otherwise stated

Please indicate appropriate level of membership desired:

_____ Colonel Coffey Member (\$3000 +)

_____ Espresso Member (\$1000 +)

_____ Latte Member (\$500 +)

_____ Mocha Member (\$250 +)

_____ Coffey Member (\$100 +)

_____ I would like to donate 25 hours of my time to volunteer and become a Coffey Member

Please make annual membership payment to: **Downtown Coffeyville Inc.**

PO Box 443

Coffeyville, Kansas 67337

620.988.0808

What are YOU interested in?

