



## 2018 Membership Form

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Annual membership fees are \$300.00 per member payable to KEDA. Annual membership fees for additional members are only \$100.00 per member from the same organization. Please copy and complete the form for each additional member.** Membership fees run on a calendar year from January to December.

Payment by check or credit card is accepted. Return this form with payment to:

**ATTN: Mary Perez  
KEDA  
1000 S.W. Jackson Street, Suite 100  
Topeka, KS 66612-1354**

Payment enclosed:  Yes  No

Please charge my:  Visa  MasterCard  American Express Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

*Due to the 1993 Omnibus Reconciliation Act passed by Congress, 25% of your KEDA membership is not deductible since it will be used for lobbying activities. The remaining 75% may be deductible as a business expense, but not as a charitable contribution.*

1000 S.W. Jackson Street, Suite 100; Topeka, KS 66612-1354  
Phone: (785) 296-4225 • Fax: (785) 296-3490  
Email: mary.perez@ks.gov