



2019 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 Name: _____

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