



Person Renewing Membership: _____
Company Name: _____
Address: _____
City: _____ State: _____ ZIP+4: _____
Telephone: _____ Fax: _____
Email Address: _____

**Cost: \$35 per individual
or
\$125 corporate membership
(includes up to 5 people, \$15 for each additional person)**

For individual renewal: _____ individual(s) @ \$35 each = \$ _____

For corporate renewal:
_____ person(s) (\$125 for up to 5 people) = \$ _____
_____ person(s) (\$15 for each person over 5) = \$ _____
TOTAL COST: \$ _____

If renewing corporate membership, please complete:

Member #2: Name: _____ Email address: _____
Member #3: Name: _____ Email address: _____
Member #4: Name: _____ Email address: _____
Member #5: Name: _____ Email address: _____

Mail your completed renewal form along with your check to:

**GKCPCC
PO Box 415006
Kansas City, MO 64141-5006**

Please renew by February 1, 2010