

TOUR KANSAS MEMBERSHIP APPLICATION

CONTACT NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

WEBSITE: _____

TYPE OF ORGANIZATION:

ATTRACTION _____

DMO _____

HOTEL _____

RESTAURANT _____

OTHER: (please explain): _____

PRIMARY CONTACT:

_____ E-MAIL: _____

OTHER CONTACTS:

_____ E-MAIL: _____

_____ E-MAIL: _____

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