



# WIBA/KIBC Student Membership Application

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

School Name \_\_\_\_\_

Major \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Type of Business Interested In \_\_\_\_\_

Number of Full Time Employees \_\_\_\_\_ Referred by \_\_\_\_\_

Enrollment fee: \$25.00 (ONE TIME FEE) \$ WAIVED

Student membership:	\$15.00
For businesses of 1-5 employees:	\$175.00
For businesses of 6-50 employees:	\$245.00
For Businesses of 51 or more employees	\$295.00

Total \$15

Payment by:     Cash         Check         Invoice         MasterCard or VISA

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

### BUSINESSES YOU CAN REFER TO WIBA

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

#### Office Use Only:

Amount received \$ \_\_\_\_\_ Approved by \_\_\_\_\_

Date \_\_\_\_\_ Membership Number \_\_\_\_\_

**Return to: WIBA/KIBC  
445 N. Waco St.  
Wichita, KS 67202-1160**