

KSHN Membership

Name: _____

Title: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____

I understand that membership is renewed annually and valid pursuant to the KSHN BYLAWS regardless of join date. Membership is not valid until receipt of membership fee.

Signature

Date

Membership Fee: \$35.00
Mail payment to: KSHN
P.O. Box 4087
Frankfort, KY 40602-4087