



Membership Renewal - Invoice No. 1077652021

464 Chenault Road Frankfort, KY 40601 phone 502-695-4700 fax 502-695-5051

Mr. Matt Turner
Superintendent
Boone County Board of Education
8330 US Highway 42
Florence, KY 41042-9286

(859) 283-1003
matt.turner@boone.kyschools.us

Date: 5/10/2021
Original Join Date: 01/17/2006
Membership Dates: 06/01/2020 - 05/31/2021

KCC Federal Tax ID: 61-0405718

Please verify information at left and note any updates.

Remit to:
Kentucky Chamber of Commerce
464 Chenault Road
Frankfort, KY 40601

We want to assure you that the Kentucky Chamber's work in support of Kentucky's business community continues as we face this uncertain and unprecedented time. If you have any questions about your membership or need assistance in any way, please contact us at (859) 221-8813.

Company	Member Number	Due Date	Membership Dues
Boone County Board of Education	107765	6/30/2021	\$2,000.00
Chamber Action Fund			\$25.00
Your voluntary contribution to the Chamber Action Fund is used in the most critical situations to garner needed public support on important business issues. Action Fund dollars are used exclusively to advance			
<i>Membership dues are not deductible as a charitable contribution. In compliance with the Omnibus Budget Reconciliation Act of 1993, 85 percent of your dues may be deductible as an ordinary business expense and are not allocable to lobbying activity.</i>			
Total Due			\$2,025.00

Please return this portion with payment.

Company	Member Number	Due Date	Membership Dues
Boone County Board of Education	107765	6/30/2021	\$2,000.00
Please select your area(s) of interest:			
<input type="checkbox"/> Human Resources <input type="checkbox"/> Political Education <input type="checkbox"/> Fiscal Policy <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Energy & Environmental <input type="checkbox"/> OSHA <input type="checkbox"/> Manufacturing <input type="checkbox"/> Small Business <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Education & Workforce Dev.			
			Action Fund \$25.00
			Total Due \$2,025.00

Pay by Check Amount: \$ _____ Check # _____	Pay by Credit Card (select one) VISA MasterCard American Express Card # _____ Exp. Date _____ Signature (required) _____
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