



### Membership Application

Organization Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Year Established \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Face Book \_\_\_\_\_

Please give a short description of your business/ organization. Please e-mail your logo & photos to us \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am a business/ organization with:

(When counting the number of employees, please include yourself)

- 1 – 2 Employees \$105.00
- 3 – 6 Employees \$130.00
- 7 – 9 Employees \$150.00
- 10 or more Employees \$170.00
- Financial Institutions \$250.00
- Non – Profit \$50.00
- Friend of the Chamber \$50.00

Website advertising:

- Featured Member 1 month- Included in Membership

Membership is January 1<sup>st</sup> through December 31<sup>st</sup> each year. Pro-rated after July 1<sup>st</sup> with paid membership for the next year.

Amount Paid \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Date \_\_\_\_\_

All applicants will go through an approval process through our Board of Directors. If you have any questions, please call 573-996-2212. Thank you.