



## Chamber of Commerce Membership Application

Business Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Business Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Business Category 1: \_\_\_\_\_

Business Category 2: \_\_\_\_\_

# of Employees: \_\_\_\_\_

Full Time: \_\_\_\_\_

Part Time: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Brief Description of Business: *Be specific it is important for proper referrals (services, merchandise)* \_\_\_\_\_

Secondary Contacts: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Title: \_\_\_\_\_

### Type of Membership ( circle one)

**I. General Membership (\$195.00)**

- ◆ All profit-making businesses, agencies and professional organizations
- ◆ Government related agencies or organizations

**II. Individual Membership (\$110.00)**

- ◆ Retired person
- ◆ Persons who pay their own dues and are employed by member businesses or organizations and governmental agencies which may or not be a member

**III. Non-profit and/or charitable organizations or clubs (\$110.00)**

**IV. Youth Organizations (\$35.00)**

**V. Honorary membership as conferred by the Board of Directors**

We will be paying: \_\_\_\_\_ *Annually* \_\_\_\_\_ *Semi-Annually*

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

**I would like to participate in the following Chamber membership programs:**

**CHAMBER BUCKS gift certificate program  
(sold & redeemed at the chamber office- 2.5% fee applies)**

**WELCOME BASKET program (annual insertion fee-\$100 optional)  
Insert your coupon/product information/brochure in the area's  
only newcomer opportunity-we create, advertise, & distribute it!**

**HOST A FOURTH FRIDAY COFFEE**

**LINK MY WEBSITE FROM THE CHAMBER'S ON-LINE DIRECTORY  
(no cost)**

**MEMBER TO MEMBER DISCOUNTS TO STIMULATE LOCAL  
LOYALTY  
I CAN OFFER : \_\_\_\_\_ TO ALL MEMBERS**

**I WOULD LIKE TO SERVE ON THE BOARD, AS AN AMBASSADOR,  
OR BE PART OF A CHAMBER COMMITTEE TO GET INVOLVED**

**WE WANT TO BE PART OF THE MEMBERSHIP PARTICIPATION  
PROGRAM (MPP) TO RECEIVE *IN KIND OR CASH* CONTRIBUTION  
RECOGNITION FOR ABOVE AND BEYOND OUR GENERAL  
MEMBERSHIP DUES INVESTMENT:**

**RECOMMENDED LEVEL OF PARTICIPATION**

**NO. OF EMPLOYEES**

_____ <b>COMMUNITY BOOSTER LEVEL</b>	<b>\$ 200</b>	<b>1-25</b>
_____ <b>SUSTAINING MEMBER LEVEL</b>	<b>\$ 500</b>	<b>26-50</b>
_____ <b>COMMUNITY PRIDE SPONSORS</b>	<b>\$1000</b>	<b>51 +</b>

**Nevada/Vernon County Chamber of Commerce**  
 225 W. Austin Suite 200 Nevada, MO 64772  
 (417) 667-5300 fax (417) 667-3492  
 www.nevada-mo.com www.visitnevadamo.com