



**Cottleville
Weldon Spring
CHAMBER OF COMMERCE**

2012 MEMBERSHIP ENROLLMENT

Name of Business _____

Location of Business _____
Street City Zip

Mailing Address _____
Street City Zip

Phone # _____ Fax # _____

E-mail _____ @ _____

Web Site Address: _____

Business Contact Name : _____

Owner President Manager Other: _____

I am interested in serving as an officer of the Cottleville-Weldon Springs Chamber of Commerce:

President Vice-President Secretary Treasurer

I am interested in serving as a member of the Cottleville-Weldon Spring Chamber of Commerce Board

YES NO

I would like to THANK: _____ for referring me to your Chamber.

Business/Organization of person who referred you: _____

Enclosed is my charter membership fee of \$75.00

Please return this enrollment form along with your membership fee to:

**COTTLEVILLE-WELDON SPRING
CHAMBER OF COMMERCE
c/o 800 O'Fallon Rd Weldon Spring MO 63304**

Office Use: _____ date received \$ _____ amount [_____]

_____ date entered in member database address label