



Business Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Business Phone: _____

Primary Contact Name: _____

Primary Contact Email: _____

Title: _____ Web Address: _____

Networking:

Please indicate which opportunities you would be interested in:

- Leads Group
- First Friday Coffee
- Business After Hours
- Special Events

Referral Information:

Who can we thank for referring you: Name: _____

Business: _____

Business Information

Please place a check mark next to the number of Full Time/Part Time (equivalents) at your place of business: All new members must pay a one-time charge of \$25 as their registration fee.

Retired Member of the Chamber/Student Rate \$50

Additional Location Annual Membership \$100 (MUST HAVE a primary location with an active membership. Contact:_____

Address:_____ City:_____ Zip:_____

Elected Officials/Government/Non-Profit (0 paid employees) \$125

0 - 5 employees \$200

6 - 10 employees \$225

11 - 25 employees \$250

26 - 50 employees \$275

50 + employees \$300

Annual Membership Dues: (based on employee count, from above) \$_____

Registration Fee: (new members **ONLY**) \$25.00 \$_____

TOTAL: \$_____

Payment Information

Method of Payment: Check #_____

Please make checks payable to: Cottleville Weldon Spring Chamber of Commerce

Credit Card: Card information will be shredded.

Credit Card #_____ CVC:_____

Expiration Date:_____ Billing Zip Code:_____

I hereby submit this application and authorize payment on behalf of the company named above.

Signature of applicant:_____ Date:_____

Please return your completed application along with payment to:

Cottleville-Weldon Spring Chamber of Commerce

5342 Hwy N

Cottleville, MO 63304

Should you have any questions *please* don't hesitate to call 636-336-2979