



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 \$225

6 - 10 employees \$250

11 - 25 employees \$275

26 – 50 employees \$300

50 + employees \$325

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

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

TOTAL: \$\_\_\_\_\_

## Payment Information

Method of Payment: Check #\_\_\_\_\_

Please makes 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