



CHAMBER OF COMMERCE

Membership Application

Business Information

Date _____

Company/Organization _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Website: http:// _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Primary Contact _____ Title _____

E-mail _____

I would like my e-mail displayed on the website.

Secondary Contact _____ Title _____

E-mail _____

I would like my e-mail displayed on the website.

Number of Employees: Full-Time _____ Part-Time _____ Referred by _____

Type of Business - List the category you would like to be listed under.

(second category is only available on the website)

- The Chamber does not give out the e-mail addresses or fax numbers of its members.
- Each organization is allowed one voting representative.
- Your membership investment may be tax-deductible as a regular business expense but not as a charitable deduction.

By signing this document you give permission to the O'Fallon Chamber of Commerce to market your business, receive correspondence from the Chamber of Commerce, and use any pictures of you and/or your staff taken at Chamber events.

Signature _____

Return this application with payment to: O'Fallon Chamber, 2145 Bryan Valley Commercial Dr, O'Fallon, MO 63366



CHAMBER OF COMMERCE

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Our Mission: The O'Fallon Chamber of Commerce is committed to promoting economic vitality in O'Fallon and the St. Charles County Region while providing members with networking opportunities, education and advocacy in public policy decisions affecting business.

Committees & Groups

Please check the committees and/or groups you would like to receive more information about:

- | | |
|--|--|
| <input type="checkbox"/> Ambassadors | <input type="checkbox"/> Leads Groups |
| <input type="checkbox"/> Taste of Vegas Casino Night Committee | <input type="checkbox"/> Legislative Awareness Lunches |
| <input type="checkbox"/> Chairman's Book Club | <input type="checkbox"/> O'Fallon Jaycees |
| <input type="checkbox"/> Firecracker Run Committee | <input type="checkbox"/> Tech/Comm Meetings |
| <input type="checkbox"/> Golf Tournament Committee | <input type="checkbox"/> Trivia Night Committee |

Please share with us why you are joining the O'Fallon Chamber of Commerce.

Investment Schedule

Business Membership:*

1-5 employees	\$220	(2 part-time employees = 1 full-time)	151-200 employees	\$810
6-10 employees	\$250	201-300 employees	\$875	
11-20 employees	\$300	301-500 employees	\$940	
21-30 employees	\$375	500+ employees	\$1200	
31-40 employees	\$400	House of Worship	\$125	
41-50 employees	\$430	Service Organization	\$125	
51-75 employees	\$520	Retiree	\$50	
76-100 employees	\$600	Second Location	\$100	
101-150 employees	\$770			

* All memberships are subject to a one-time administrative fee of \$25.

For Office Use Only:

- Added to Database
- Received Payment
- Welcome Card
- Received Plaque
- Introduced at Luncheon
- Highlighted in Newsletter
- Ribbon Cutting Scheduled

Payment

\$ _____ + \$25.00 + \$ _____
 Annual Investment Administrative Fee Total Investment

- Check: Payable to O'Fallon Chamber of Commerce
- Charge: ___ MasterCard ___ Visa ___ American Express ___ Discover
- Acct. No _____ Exp. Date _____
- Name on Card _____ Verification # _____
- Signature _____

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