



Membership Application

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|--|----------------------------|-----------------------|
| COMPANY NAME | | DATE FIRM ESTABLISHED |
| MAILING ADDRESS (CITY, STATE, ZIP+4) | | |
| PHYSICAL ADDRESS (CITY, STATE, ZIP+4) | | |
| TELEPHONE NUMBER #1 () | TELEPHONE NUMBER #2 () | FAX NUMBER () |
| EMAIL ADDRESS | | WEBSITE ADDRESS |
| OWNER OR PRIMARY OFFICER MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> | | TITLE |
| CONTACT PERSON TO RECEIVE MAIL MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> | | TITLE |
| DESCRIBE YOUR BUSINESS IN 10 WORDS OR LESS | | |
| I understand that by providing the fax number and email address above, on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive faxes and emails sent by or on behalf of The Eureka Chamber of Commerce. | | |
| APPLICANTS SIGNATURE | | NEW MEMBER SPONSOR |

EUREKA CHAMBER OF COMMERCE ANNUAL MEMBERSHIP INVESTMENT LEVEL

- Entry Level - \$150.00 SILVER - \$400.00
 Business Builder Level - \$225.00 GOLD - \$700.00 Donation - _____
(Specify Amount)

THERE IS AN ADDITIONAL ONE-TIME \$50 SET UP FEE FOR NEW MEMBERS.

What do you hope to get out of the Eureka Chamber of Commerce?

Dues are deductible as a business expense, not as a charitable contribution. Dues are non-refundable.

| For Chamber Use Only | | |
|-------------------------------------|-----------------|-------------------|
| ANNUAL INVESTMENT LEVEL | DATE JOINED | PAYMENT AMOUNT \$ |
| CASH CHECK MASTERCARD VISA | CHECK NO. _____ | |

Eureka Area Chamber of Commerce, 22 Dreyer Avenue, Eureka, MO 63025

Phone: (636) 938-6062 Fax: 636) 938-5202 execdirector@eurekachamber.us