

MEMBERSHIP APPLICATION FORM



CAMERON CHAMBER OF COMMERCE

416 N Walnut St, Suite A
Cameron, MO 64429
816-632-2500

www.cameronmochamber.com
cameronmochamber@gmail.com

BUSINESS NAME: _____

BUSINESS CONTACT: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

WEBSITE: _____

OF EMPLOYEES: _____ **YEAR ORGANIZED:** _____

(2 part-time employees = 1 full-time employee)

TYPE OF BUSINESS: _____

I would like to participate in the Business Spotlights.

MEMBERSHIP INVESTMENT:

- | | |
|--|---|
| <input type="checkbox"/> 0-5 Employees (\$180) | <input type="checkbox"/> 50-100 Employees (\$780) |
| <input type="checkbox"/> 6-10 Employees (\$280) | <input type="checkbox"/> 100+ Employees (\$1030) |
| <input type="checkbox"/> 11-15 Employees (\$380) | <input type="checkbox"/> Individual (\$130) |
| <input type="checkbox"/> 16-29 Employees (\$480) | <input type="checkbox"/> Organization (\$130) |
| <input type="checkbox"/> 30-39 Employees (\$580) | <input type="checkbox"/> School (\$330) |
| <input type="checkbox"/> 40-49 Employees (\$680) | |

Please return with payment to the Chamber office.

INVOICE



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DATE: _____

DESCRIPTION	TOTAL
MEMBERSHIP DUES	

Payable to: **CAMERON CHAMBER OF COMMERCE**

Deliver to: **416 N WALNUT ST, SUITE A, CAMERON, MO 64429**

Please keep for your records.