

YOU ARE INVITED...

Liberty Area Chamber of Commerce Membership Invitation

Company Name: _____
 Mailing Address: _____
 City, State & Zip code: _____
 Telephone: _____ Fax: _____
 Company E-mail: _____
 Web Address: _____
 Primary Contact: _____
 Title _____ E-mail: _____
 Type of Business: _____
 Employees: FT _____ PT _____
 Recruited By: _____
 Preferred Choice of Contact: E-mail Mail

All memberships are subject to a one-time Administration Fee of \$25.00. This membership in the Chamber will be continuous until written resignation is filed. Investment must be paid up to and including the date of resignation.

Annual Investment (From Schedule) \$ _____

quarterly* semi-annual* annual

*ACH Withdrawal Form Required

Methods of Payment:

cash check credit card (MC or VISA)

Amount Submitted \$ _____ Date: _____

Credit Card #: _____

Security Code _____ Expires: _____

Signature: _____

What are your expectations from the Chamber? _____

Investment Schedule

Up to 5 employees	245.00
6 -10 employees	316.00
11-25 employees	469.00
26-50 employees	702.00
51-100 employees	845.00
101-200 employees	1,406.00
201-500 employees	2,113.00
Over 500 employees	2,813.00

Two part-time employees count as one full-time employee when computing investment

Associate Member	67.00
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Professional Category

First Professional	245.00
Each Additional Professional	100.00

Financial Institutions & Utilities

Financial Institutions	719.00*
Utilities	1,095.00
* each additional site	245.00

LIBERTY AREA
CHAMBER
 of COMMERCE



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 Liberty, MO 64068

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 816-781-4901 f

www.libertychamber.com



where business and community meet