

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. Memberships are paid in advance yearly. Membership is continuous. All cancellations must be made in writing, and all current dues must be paid in full.

Annual Investment (From Schedule) \$ _____

semi-annual* annual

*Prior approval required and Credit Card on File.

Methods of Payment:

cash check credit card (MC, VISA or AMEX)

Amount Submitted \$ _____ Date: _____

Credit Card #: _____

Security Code _____ Expiration: _____ Zip Code: _____

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
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