

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

Amount Submitted \$ _____ Date: _____

Credit Card #: _____

Security Code _____ Expiration: _____ Zip Code: _____

Signature: _____

What are your expectations from the Chamber? _____

Investment Schedule

Up to 5 employees	265.00
6 -10 employees	343.00
11-25 employees	509.00
26-50 employees	760.00
51-100 employees	915.00
101-200 employees	1,520.00
201-500 employees	2,285.00
Over 500 employees	3,045.00

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

Professional Category

First Professional	265.00
Each Additional Professional	100.00

Financial Institutions & Utilities

Financial Institutions	780.00*
Utilities	1,185.00
* each additional site	265.00

LIBERTY AREA
CHAMBER
of COMMERCE



1170 W Kansas, Ste. H
Liberty, MO 64068

816-781-5200 p
816-781-4901 f

www.libertychamber.com



Access to local & regional leadership



Online presence



Community involvement

where business and community meet



Business education & resources



Networking events



Affordable advertising & sponsorships