

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



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



Business education & resources



Networking events



Affordable advertising & sponsorships