



Membership Application

BUSINESS INFORMATION

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Website _____

I would like my address hidden in public directories.

Billing Address *(if different from above)* _____

City _____ State _____ Zip _____

Phone _____ Email _____

Primary Contact _____ *(This person will be listed in print/online)*

Title _____ E-mail _____

Cell Phone _____ I would like my e-mail hidden in public directories.
(required for text reminders; we do not publish)

Secondary Contact _____ *(This person will NOT be listed in print/online)*

Title _____ E-mail _____

Cell Phone _____ I would like my e-mail hidden in public directories.
(required for text reminders; we do not publish)

Number of Employees: Full-Time ____ Part-Time ____ Referred by _____

Type of Business - List the category you would like to be listed under.

(second category is only available on the website)

- Each organization is allowed one voting representative.
- Your membership investment may be tax-deductible as a regular business expense but not as a charitable deduction.

By signing this document you give permission to the O'Fallon Chamber of Commerce & Industries to market your business, receive correspondence from the Chamber of Commerce, and use any pictures of you and/or your staff taken at Chamber events.

Signature _____ Date: _____



Membership Application

Our Mission: The O'Fallon Chamber of Commerce & Industries is committed to promoting the economic vitality of O'Fallon and the St. Charles County Region by engaging its members in networking and educational opportunities, while advocating for pro-business public policy.

INVESTMENT LEVELS

Business Membership:*

1-5 employees	\$236
6-10 employees	\$268
11-20 employees	\$325
21-30 employees	\$407
31-40 employees	\$434
41-50 employees	\$466
51-75 employees	\$563
76-100 employees	\$650
101-150 employees	\$832
151-200 employees	\$874
201-300 employees	\$946
301-500 employees	\$1,013
500+ employees	\$1,290
House of Worship	\$137
501(c)(3) (0 paid employees)	\$137
Individual/Retiree	\$58
Second Location	\$112

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

* All memberships are subject to a one-time administrative fee of \$25.

EXPECTATIONS OF MEMBERSHIP

Choose **ONE** primary reason for joining the O'Fallon Chamber of Commerce & Industries:

- Increase brand visibility & credibility while saving money (Business Investor)
- Meet new customers face to face and expand your network (Business Builder)
- Seen as a community leader and serve on committees (Community Builder)
- Strengthen local economy and impact quality of life (Community Investor)

PAYMENT

\$ _____ + \$25.00 + \$ _____
Annual Investment Administrative Fee Total Investment

- Check: Payable to O'Fallon Chamber of Commerce
- Charge: ___ MasterCard ___ Visa ___ American Express ___ Discover
- Annual Payment Plan Quarterly Payment Plan Monthly Payment Plan

Acct. No _____ Exp. Date _____

Name on Card _____ Verification # _____

Signature _____
(A \$2.50 convenience fee will be added per credit card transaction)

For Office Use Only:

- Added to Database
- Received Payment
 - EFT on File
- Welcome Email
- _____
- Welcome Card
- Input Referral List
- Input Recog List

Return this application with payment to: O'Fallon Chamber, 2145 Bryan Valley Commercial Dr, O'Fallon, MO 63366