

# 2009 Membership Application

Date \_\_\_\_\_

## APPLICANT INFORMATION

Business/Organization Name \_\_\_\_\_

Main Contact \_\_\_\_\_ Title \_\_\_\_\_  
(List additional representatives on reverse)

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Web Site Address \_\_\_\_\_

Number of Full-Time Employees\* \_\_\_\_\_ Number of Part-Time Employees\* \_\_\_\_\_ Number of Rooms/Seats\*\* \_\_\_\_\_

\*Please do not include in employment figures workers who are seasonal, contractual, or working outside the St. Joseph area.

\*\* Hotels and Restaurants Only

## NEW MEMBER BUSINESS DESCRIPTION

Please include a brief description of your business services and/or products. This description will appear on your internet listing.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ SIC Code: \_\_\_\_\_

## INVESTMENT INFORMATION

- General Membership
- Special Investment *(please check one)*
- |   |                                      |                                      |   |
|---|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Bank/Financial Institution | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Restaurant  | <input type="checkbox"/> Extra Location/Second Business |
| <input type="checkbox"/> Business Associate         | <input type="checkbox"/> Civic       | <input type="checkbox"/> Out of Town | <input type="checkbox"/> Negotiated                     |

Directory Classification \_\_\_\_\_  
(one classification included with membership)

Referred By \_\_\_\_\_  
(if applicable)

## PAYMENT PROCEDURES

Annual Investment:	\$ _____
Number of Rooms/Seats <small>(if applicable)</small>	\$ _____
Processing Fee:	\$ <b>35.00</b>
Total:	\$ _____
AMOUNT ENCLOSED :	\$ _____

- Check enclosed (payable to St. Joseph Area Chamber of Commerce)
- Cash enclosed
- Visa    MasterCard    Discover    AX

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_

Ninety-five percent of membership dues in the St. Joseph Area Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. Dues paid to the Chamber are not a charitable tax deduction for federal income tax purposes.  
**(MORE ON BACK)**

\*Membership to be approved by the Board of Directors.

## ADDITIONAL REPRESENTATIVES

Your Chamber membership extends to every member of your staff. While you're busy running your business, members of your staff can attend Chamber functions and bring the knowledge and contacts they gain back to you. To ensure that your staff is aware of Chamber happenings, you may add key representatives to our mailing list. Please keep us updated as contact information changes. Thank you!

Representative \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Representative \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Representative \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Are you and your employees willing to receive email communications from the Chamber?  Yes  No

### Please add me to the following committees:

- The Diplomats Club  Parties on the Parkway  The Chamber Classic  
 Government Relations  Agribusiness  Young Executives Network  Employment Coalition

1. Why did you decide to join the St. Joseph Area Chamber of Commerce? \_\_\_\_\_
2. What do you expect to gain from your membership? \_\_\_\_\_
3. What is the one thing the Chamber can do to improve the value of your membership? \_\_\_\_\_
4. Is there anyone you would like to refer for membership in the Chamber? \_\_\_\_\_

Please return application with payment and business card to:



**St. Joseph Area Chamber of Commerce**

3003 Frederick Avenue

St. Joseph, MO 64506-5104

816/232-4461 phone 816/364-4873 fax

chamber@saintjoseph.com

[www.saintjoseph.com](http://www.saintjoseph.com)

*Thank You!*

**OFFICE USE ONLY:**

\_\_NMS \_\_C  
\_\_IMIS \_\_LEDGER