

2010 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 <i>(if applicable)</i>	\$ _____
Processing Fee:	\$ 35.00
Total:	\$ _____
AMOUNT ENCLOSED :	\$ _____

- CC billing address if different than above:

- Check enclosed (payable to St. Joseph Area Chamber of Commerce)
- Cash enclosed
- Visa MasterCard Discover AX
- Card #: _____
- Expiration Date: _____ Security code: _____
- 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.

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

Thank You!

OFFICE USE ONLY:

__NMS

__C

__IMIS

__LEDGER