



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 _____

Title _____ Email _____

Cell Phone _____ (required for text reminders; we do not publish)

Secondary Contact _____

Title _____ Email _____

Cell Phone _____ (required for text reminders; we do not publish)

Number of Employees: Full-Time _____ Part-Time _____

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

Category 1 _____ Category 2 _____

Referred By: _____

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: _____

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INVESTMENT LEVELS

Business Membership:

1-5 employees	\$260
6-10 employees	\$290
11-20 employees	\$340
21-30 employees	\$420
31-40 employees	\$450
41-50 employees	\$480
51-75 employees	\$580
76-100 employees	\$660
101-150 employees	\$850
151-200 employees	\$890
201-300 employees	\$960
301-500 employees	\$1,030
500+ employees	\$1,300
House of Worship	\$150
501c3 (no employees)	\$150
Second Location	\$150

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

EXPECTATIONS OF MEMBERSHIP

Choose **TWO** top reasons
for joining the Chamber:

- Increase brand visibility & credibility while saving money.
- Meet new customers face-to-face and expand your network.
- Be seen as a leader and serve our community.
- Strengthen the local economy and impact quality of life.

PAYMENT

\$_____ + \$25 admin fee = \$_____ (there is no admin fee when you join online)

- Check: Payable to O'Fallon Chamber of Commerce
- Charge the Credit Card provided below *
- Annual Payment Quarterly Payment Plan Monthly Payment Plan

CC Number _____ Exp. Date _____

Name on Card _____ Verification # _____

Signature: _____

*a 3.99% transaction fee is applied to all credit card transactions

Return this application with payment to:

O'Fallon Chamber, 2145 Bryan Valley Commercial Dr, O'Fallon, MO 63366