

# 2010 Membership Application

The following business hereby makes application for membership and agrees to pay annual dues to the Creve Coeur-Olivette Chamber of Commerce. This membership is continuous until cancelled by either party in writing, or dissolution of the business.

Business \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Representative(s) \_\_\_\_\_  
Phone number \_\_\_\_\_ Alternate phone (cell) \_\_\_\_\_  
Business listing category \_\_\_\_\_ Number of full time employees \_\_\_\_\_  
Website \_\_\_\_\_ E-mail address \_\_\_\_\_ Fax \_\_\_\_\_  
Authorized signature \_\_\_\_\_ Date of application \_\_\_\_\_

I hereby consent as a Creve Coeur-Olivette Chamber of Commerce member to receive faxes or e-mails sent by the Creve Coeur-Olivette Chamber of Commerce. Please use your initials to mark your preference for receiving information:

E-mails \_\_\_\_\_ Faxes \_\_\_\_\_

INVESTMENT SCHEDULE (based on number of full time employees at the location for this membership application)

*Two part time employees equal one full time employee.*

1-3 \$225  
4-10 \$315  
11-25 \$375  
26-50 \$460  
51-75 \$535  
76-100 \$635  
101-150 \$815  
151-200 \$900  
201 or more \$1,050

Retired Business Persons \$65

Please list any additional employees who would like to receive emails

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Membership investment (from schedule above) \$ \_\_\_\_\_  
New member processing fee + \$25.00  
Total amount due \$ \_\_\_\_\_

**Your membership investment may be claimed as a business expense. Please consult with your tax advisor for more information.**

Please make checks payable to Creve Coeur - Olivette Chamber of Commerce and mail to 677 N. New Ballas Road, Suite 214, Creve Coeur MO 63141.

We accept MC/Visa/Discover for payment. Please print:

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ 3 digit code on back of card \_\_\_\_\_

Authorized signature \_\_\_\_\_

Street number \_\_\_\_\_ and zip code \_\_\_\_\_ where credit card statement is mailed

The CCO Chamber has a full range of committees/activities in which you may become involved. (See the list of committees.) Please indicate your interest in any of the following Chamber committees/activities:

Ambassador  Membership  
 Business Leads Group  Program  
 Education  Special Events (golf, auction, etc.)  
 Government  Transportation

For more information call the CCO Chamber at 314-569-3536 or look us up on the web at [www.ccochamber.com](http://www.ccochamber.com).  
Fax number is 314-569-3073.