

2019 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, or dissolution of the business.

Business name _____
Address _____ City _____ State _____ Zip _____
Main Contact _____
Phone number _____ Alternate phone (cell) _____
Business category for directory _____ Number of full time employees _____
Website _____ E-mail address _____ Fax _____

I certify that I am an owner/employee of the undersigned business or organization and that I am legally able to do business in the State of Missouri, and I will represent only that business or organization at chamber functions; or I certify that I am a retired business person and will not represent any business or organization at chamber functions.

Authorized signature _____ Date of application _____

I hereby consent as a Creve Coeur-Olivette Chamber of Commerce member to receive e-mails sent by the Creve Coeur-Olivette Chamber of Commerce. Please use your initials to give us permission to e-mail you.

E-mails _____

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 \$260 (1 vote)
4-10 \$365 (2 votes)
11-25 \$430 (3 votes)
26-50 \$530 (4 votes)
51-75 \$615 (5 votes)
76-100 \$725 (5 votes)
101-150 \$935 (5 votes)
151-200 \$1,035 (5 votes)
201 or more \$1,205 (5 votes)
Retired Business Persons \$80 (1 vote)

Please list any additional employees who would like to receive emails

Name _____ Email _____

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 consultant/advisor for more information.

Please make checks payable to Creve Coeur - Olivette Chamber of Commerce and mail to 10950 Olive Blvd., Suite 101, Creve Coeur MO 63141.

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

Credit Card # _____ Expiration Date _____

Name as it appears on card _____ 3 or 4 digit security code _____

Authorized signature _____

Street number _____ and zip code _____ where credit card statement is mailed

How did you hear about the Chamber? _____

Contact information for the Creve Coeur-Olivette Chamber of Commerce:

10950 Olive Blvd., Ste. 101
Creve Coeur MO 63141

www.ccochamber.com
info@cco chamber.com

phone:314-569-3536
fax: 314-569-3073