

2015 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 (as wish listed in directory) _____

Address _____ City _____ State _____ Zip _____

Main Contact _____

Phone number _____ Alternate phone (cell) _____

Business listing category _____ 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 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 \$235 (1 vote)

4-10 \$330 (2 votes)

11-25 \$390 (3 votes)

26-50 \$480 (4 votes)

51-75 \$560 (5 votes)

76-100 \$660 (5 votes)

101-150 \$850 (5 votes)

151-200 \$940 (5 votes)

201 or more \$1,095 (5 votes)

Retired Business Persons \$70 (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 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 digit code on back of card _____

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