



2011 - 2012 Membership Investment



*Our Mission Statement is to create
opportunities to promote business success
& welcome visitors.*

Thank you for investing in the Warrensburg Chamber of Commerce & Visitors Center. Your membership in the Chamber is based on your employee count, non-profit or non business status. Membership will be prorated in October for the second year of membership. This ensures all members are on the same October billing cycle. This amount is to be paid upon application. See over for investment rates.

Company Name: _____ Date _____

Primary Contact Name: _____

Additional Contact Name (\$100): _____

Physical Address: _____

Mailing Address: _____

Billing Address: _____

Telephone: _____ Fax: _____

Company E-mail: _____

Web Address: _____

Business Category (listing in directory): _____ (first listing is free, additional \$25 each)

of full time employees: _____ # of part time employees: _____

Referred by: _____

Please check all that apply:

Home based Veteran Owned Minority Owned Woman Owned

Do you offer any of the following discounts:

Senior Discount Military Discount Student Discount

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Commercial Membership (1 full time = 2 part time)

1-10 employees	\$270
11-20 employees	\$320
21-40 employees	\$365
41-60 employees	\$430
61-100 employees	\$475
101+ employees	\$550

Additional Commercial Membership \$105

Organizations

Institutional/Non-Profit UCM \$230

Civic

Individual (Non-Business)	\$100
Retired (65 & Over)	\$55
Spouse of Member	\$55

Dual Membership with Holden Chamber of Commerce Additional \$50

Annual Investment: \$ _____
 Fees for Additional Representatives: \$ _____
 Additional Listing Category Fee: \$ _____
 Total Investment: \$ _____

Method of Payment (circle one):
 Cash Check Credit Card

Check #: _____

Credit Card Type: MC Visa

Credit Card #: _____

Security code #: _____

Expires: _____

Signature: _____

*Warrensburg Chamber of Commerce & Visitors Center
 Fed Tax ID # 44-0196845*

Rates are determined by the total number of employees. Each annual membership includes one representative.

All members are required to pay for a full 12 month membership at the time of application.

I am interested in:

Networking Opportunities

- Breakfast
- Luncheon
- Business After Hours
- Ribbon Cuttings
- Women In Networking
- Young Professionals

Serving on a Committee

(please circle one)

Yes No

Cost Saving Benefits

- Blue Cross Blue Shield Chamber Choice
- Member 2 Member
- Office Depot Savings Program
- Using the Bulk Mail Stamp

Sponsorship opportunities

- Event
- Lunch & Learn

Marketing Opportunities

- Display promotional items in front office
- Place promotional items in Welcome Bags
- Participate in Gift Certificate Program
- Submit stories/ads/announcements in the weekly electronic newsletter **The Chamber Flash.**
- Advertising in the Warrensburg Guide Book and/or in the Warrensburg Map

Yes the Chamber may release my name to the media for possible promotional opportunities.

Check here if the Applicant or any person who will be participating in Chamber activities as a Representative of the Applicant has a conviction for any felony offense under the laws of any state or of the United States. Please give details below:

For official use only:

- | | |
|---|--|
| <input type="checkbox"/> Name Tag | <input type="checkbox"/> QB |
| <input type="checkbox"/> New Member Packet | <input type="checkbox"/> M 2 M, Cling, OD |
| <input type="checkbox"/> Database | <input type="checkbox"/> Junior Ambassador |
| <input type="checkbox"/> Welcome (web site) | <input type="checkbox"/> Ribbon Cutting Date _____/_____/_____ |
| <input type="checkbox"/> Welcome (email) | <input type="checkbox"/> 1 month |
| <input type="checkbox"/> Welcome (FB) | <input type="checkbox"/> 3 months |
| <input type="checkbox"/> Welcome (Flash) | <input type="checkbox"/> 6 months |
| <input type="checkbox"/> Welcome (card) | |