



Chillicothe Area Chamber of Commerce
PO Box 407, 514 Washington
Chillicothe, MO 64601
660-646-4050 - Fax: 660-646-3309
WWW.CHILLICOTHEMO.COM

2017 MEMBERSHIP APPLICATION

Business/Organization Name: _____

Briefly describe your business services and/or products using keywords (A keyword is a word or phrase that Internet users believe is the right word that will lead them to websites containing the information they are searching for). This information will be added to your business listing within the directory on the Chamber website:

Please indicate the main reasons you are joining the Chamber (check all that apply):

- Checkboxes for reasons: Economic Growth, Visibility, Credibility, Have a Voice, Referrals, Exposure, Education, Networking, Recognition, Discounts.

Contact Person: _____

Physical Address: _____

Billing Address (if different): _____

Phone: _____ Fax: _____ Email: _____ Web Site: _____

Additional Representative: Telephone: _____ E-mail address: _____ Fax: _____

Additional Representative: Telephone: _____ E-mail address: _____ Fax: _____

The year your business was established: _____

Number of Employees (including yourself): Full Time: _____ Part Time: _____

I would like to sign up as a Chamber Ambassador: Yes No (circle one)

I would like my business to be able to accept Chillicothe Cash: Yes No (circle one)

I would like my business to participate in Member to Member Deals: Yes No (circle one)

Become involved to get the most from your Chamber membership. You will be notified about upcoming events and activities and be given an opportunity to serve as a committee member or volunteer.

I understand that by providing the fax number and/or email address above for the business or organization represented in this application, I am authorized to and hereby consent for our business to receive faxes and/or emails from the Chillicothe Area Chamber of Commerce.

Signature: _____

Date: _____