



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

2019 MEMBERSHIP APPLICATION

Business/Organization Name: _____

Business Category/Classification: (list all that apply) _____

Description of Business: (100 words or less) _____

Primary Contact Person: _____

Business Address: _____

Billing Address (if different): _____

Phone: _____ Fax: _____ Email: _____

Additional Representative: _____

E-mail address: _____

Telephone: _____

Title: _____

Additional Representative: _____

E-mail address: _____

Telephone: _____

Title: _____

The year your business was established: _____

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

Social Networking - Web Site: _____ Facebook: _____

Twitter: _____ Other Social Media: _____

What do you expect to gain from your membership? _____

Circle all that apply:

Interested in serving as: Committee Member Ambassador Volunteer Business Mentor

Interested in participating in: Chamber University Chillicothe Cash Networking Sponsorships

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

Signature: _____

Date: _____