

Application for Membership

Mail Completed Application to: GSTCCC – 2201 First Capitol Drive – St. Charles, MO 63301

Business Name: _____

Representative: _____ Title: _____

Website: http://_____ Email: _____

NOTE: The Greater St. Charles County Chamber of Commerce utilizes electronic mail to correspond to our members and keep them up-to-date with issues and Chamber events. _____ (initial)

Physical Address: _____ City: _____ ST: _____ Zip: _____

Billing Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Mobile: _____

What categories are you listed under in the Yellow Pages? _____

Number of Employees including yourself: Full-time _____ Part-time: _____ (be honest – dues aren't based on number of employees)

Please share why you are joining: Connect with community leaders and businesses Business Advocacy

Civic Duty New Business / Leads Health Insurance Other: _____

Referred by: _____

I want to help build a better community and help my business grow and prosper. Please included me as a member of the Greater St. Charles County Chamber of Commerce at the level and rate selected.

The information provided above is correct to the best of my knowledge. I understand that the dues paid at the time of joining are good for one year and that I will be billed each year prior to my anniversary date at which time I can choose to renew.

Signature: _____ Date: _____

Investment and Payment Information

Your membership is good for one full year. A twelve (12) month payment Option is available with autopay. _____ (initial) If you have any questions, please contact the Chamber office, 636.946.0633.

Annual payment options (Billed annually prior to anniversary date)

- Elite (\$6,180) Stakeholder (\$3,090) Executive (\$1,545)
 Keystone (\$620) Business (\$310)

Monthly payment options (Autopay - Withdrawn on the 1st of each month via ACH or Debit / Credit Card) See back.

- Executive (\$133 per month / \$1,596 annually) Keystone (\$54 per month / \$648 annually)
 Business (\$29 per month / \$348 annually)

Method of Payment:

- Check (made payable to the Greater St. Charles County Chamber of Commerce)
 Credit Card #: _____ Exp. Date: _____ / _____ CVS (3-digit code): _____
MM YY

Credit Card Billing Contact: _____

Credit Card Billing Address: _____
Address City ST Zip

Businesses that take advantage of the healthcare benefits require a 12-month membership. Businesses who have paid less than 12-months are not considered "members in good standing" and will not be eligible when it is time for insurance renewal.

Note: Contributions or gifts to the Greater St. Charles County Chamber of Commerce are not tax deductible as charitable contributions; however, they may be deductible as ordinary and necessary business expenses.



Monthly Autopay Authorization

____ (intital) I understand my membership term is 12 months.

I, an authorized representative of (Company) _____, authorize the Greater St. Charles County Chamber of Commerce to charge my bank account / credit/debit card starting in (Month) _____ and on the first day of each month for 1/12th of the annual total amount of \$ _____ for membership dues. The account to be charged has been entered into the Member Information Center and is identifiable by the last 4 digits _____.

This payment authorization is valid and to remain in effect unless I, an authorized representative of (Company) _____, notify the Greater St. Charles County Chamber of Commerce of its cancelation by sending written notice.

Signature: _____ Date: _____

Print Name: _____

E-Mail Address: _____

Phone Number: _____

Please set-up my profile using the information below (will be shredded once set up):

Credit Card: _____

Expiration: _____ 3-4-digit code: _____

Or

Bank Account

Account Number: _____

Routing Number _____