



Creve Coeur-Olivette Chamber of Commerce Membership Application

www.ccochamber.com 314-569-3536 info@ccochamber.com

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. **Membership is also contingent on approval by the Association's Board of Directors.**

Business Name _____
Address _____ City _____ State _____ Zip _____
Main Contact _____
Phone Number _____ Alternate Phone (cell) _____
Business Category for Directory _____ Number of full time employees _____
Website _____ Email _____ 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. Further, I agree to allow the Chamber to use photos that are taken of me at chamber meetings and events.

Authorized signature _____ Date of application _____

I hereby consent as a Creve Coeur-Olivette Chamber of Commerce member to receive e-mails sent by the Creve Coeur-Olivette Chamber of Commerce. Please use your initials to give permission to e-mail you. Approve _____

Please list any additional employees who would like to receive emails

Name _____ Email _____
Name _____ Email _____

INVESTMENT SCHEDULE (based on number of full time employees at the location for this

membership application)

1-3	\$295
4-10	\$420
11-25	\$495
26-50	\$610
51-75	\$710
76-100	\$835
101-150	\$1,075
151-200	\$1,190
201 or more	\$1385
Retired Business Person \$90	

☒ Membership investment _____

☒ New member one-time processing fee +25.00

☐ Premium E-Service Benefit (optional) +50.00

One-time Premium Service set-up (\$25), including one year service fee (\$25). Please see the E-Service Welcome Packet for complete benefits.

TOTAL AMOUNT DUE \$ _____

Please make checks payable to **Creve Coeur-Olivette Chamber of Commerce** and mail to **10950 Olive Blvd., Suite 101, Creve Coeur, MO 63141**

(Non-Profit Organizations Receive First Year Discount of 25%) Charities that are 100% Volunteer Run only pay \$110.

We accept MC/Visa/Discover for payment. Please print:

Credit Card # _____ Expiration Date _____

Name as it appears on card _____ 3 or 4 digit security code _____

Authorized signature _____

Street # _____ and Zip Code _____ where credit card statement is mailed

How did you hear about the Chamber? _____

*Your membership investment may be claimed as a business expense.
Please consult with your tax consultant/advisor for more information.*

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