

THE MOUNTAIN GROVE CHAMBER OF COMMERCE

P.O. Box 434

Mountain Grove, Missouri 65711

Phone: 417-926-4135

E-mail: chamber@mountaingrovechamber.com

CHAMBER MEMBERSHIP INFORMATION APPLICATION FORM

Company Name: _____

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Web Page (if available): _____

E-mail Address: _____

Contact Person: _____ Job Title: _____

Type of Business: _____

Number of Employees: _____ Month/Year Business Opened: _____

Membership Investment Level

0 – 4 Employees \$130.00/annually Associate Membership \$80.00/annually

5 – 50 Employees \$230.00/annually

51 & Up Employees \$330.00/annually

Financial Institutions \$330.00/annually

Associate membership is available to civic groups, citizens associations, parent/teacher associations, and any 501(c)3 organizations with no paid staff.

Chamber dues are tax deductible as a regular business expense.

It is my understanding that the information above is simply to provide the Mountain Grove Area Chamber of Commerce with current contact information regarding my membership and is an application form. This information is intended to help the Chamber develop a better database which to serve all area businesses in Commerce development and growth.

Authorized Signature _____

Date _____

Mountain Grove, Missouri • Take a Closer Look