

# Harrisonville Area Chamber of Commerce

## Application for Membership

Name of Business: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Toll-Free No.: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Investment Category: \_\_\_\_\_ No. of Employees \_\_\_\_\_

Authorized Voting Representative \_\_\_\_\_

Other Representatives: \_\_\_\_\_

Description of services and/or products: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Calculated Annual Dues Investment: \$ \_\_\_\_\_ Plus \$20.00 Administration Fee

Preferred method of payment:  Annual  Semi-Annual

(Annual payments help keep our administrative costs down, but we offer an alternative rate schedule for your convenience)

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

How do you hope to benefit from Chamber membership? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The involvement of our members is what makes our organization strong.  
Please check the name of the committee you would like to join.

- Business Committee     Economic Development     Member Services  
 Youth Career Development     Promotions     Tourism