

Top 10 Reasons To Join the



It's All About You!

To get these benefits and more, call 646-4050 or email chamber@chillicothemmo.com
Visit www.chillicothemmo.com

1. Increase Revenue
2. Increase visibility and credibility for your business.
3. Listing in *The Chillicothe Insider*, a resource and reference guide distributed throughout the community.
4. Give Back to the Community
5. Have a voice in Local, State & Federal Government on Business Issues
6. Contacts, contacts, contacts!
7. Ribbon Cutting ceremonies for new and expanding Chamber member businesses.
8. Be featured on the Chamber Web site, chillicothemmo.com
9. Quality seminars offered locally to help you run your business better
10. Opportunities to "make something happen" through involvement on committees



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

2008 MEMBERSHIP APPLICATION

Business/Organization Name: _____

Briefly describe your business services and/or products: Example: Friends-Clothing, Jewelry, Home Décor
(This information will be added to your business listing within the directory on the Chamber website) :

Please indicate the main reasons you are joining the Chamber (check all that apply):

- Checkboxes for reasons: Increase Revenue, Increase visibility and credibility for your business, Listing in The Chillicothe Insider, Have a voice in local, state & federal government on business issues, Contacts, Contacts, Contacts!, Be featured on the Chamber Website, Give back to the community, Quality seminars offered locally to help you run your business better, Ribbon Cutting Ceremonies for new and expanding Chamber member businesses, Opportunities to "make something happen" through involvement on committees

Contact Person: _____

Physical Address: _____

Billing Address (if different): _____

Phone: _____ Fax: _____ Email: _____ Web Site: _____

Additional Representative: _____ Telephone: _____ E-mail address: _____ Fax: _____

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The year your business was established: _____

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

I would like to be contacted about Chamber Luncheons by: Email Fax (circle one)

I would like to be notified in case of a Merchant Alert by: Email Fax (circle one)
(suspicious or fraudulent activity reported to the Chamber from the Chillicothe Police or Sheriff's Department, or the Liv. County Prosecuting Attorney)

I would like to sign up as a Chamber Ambassador: Yes No (circle one)

Become involved to get the most from your Chamber membership. You will be notified about upcoming events and activities and be given an opportunity to serve as a committee member or volunteer.

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

Signature: _____

Date: _____



For Office Use Only
Web VOL
checkboxes