MEMBERSHIP APPLICATION FORM

BETHANY AREA CHAMBER OF COMMERCE

116 N 16th Street, Bethany, MO 64424
PO BOX 54
660-425-6358
www.bethanymochamber.com
bchamber@grm.net

BUSINESS NAME: _____
BUSINESS CONTACT: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
BUSINESS PHONE: _____
CONTACT PHONE: _____
EMAIL: _____
WEBSITE: _____
OF EMPLOYEES: _____ YEAR ORGANIZED: _____

MEMBERSHIP DUES:

☐	Tier 1	Church, Non Business Person	$ 50
☐	Tier 2	Self Employed/Business 1-5 Employees	$ 100
☐	Tier 3	Business 6-10 Employees	$ 200
☐	Tier 4	Business 11-25 Employees	$ 300
☐	Tier 5	Business 26 and Over Employees	$ 500
☐		*Above & Beyond Donation	$ _____

*If you would like to make a donation above and beyond your required membership please write in your amount.

Please return with payment to Chamber Office, PO Box 54, Bethany, MO 64424

INVOICE

BETHANY AREA CHAMBER OF COMMERCE

116 N 16th Street, Bethany, MO 64424
PO BOX 54
660-425-6358
www.bethanymochamber.com
bchamber@grm.net

DATE: _____

DESCRIPTION	TOTAL
Membership Dues	

Payable To: BETHANY AREA CHAMBER OF COMMERCE
Deliver To: PO BOX 54, BETHANY, MO 64424

Please keep for your records.