

Waynesville-St. Robert Chamber of Commerce Membership Application



Waynesville-St. Robert Area
Chamber of Commerce
137 St. Robert Blvd., Ste. B
St. Robert, MO 65584

Phone: 573-336-5121
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E-mail: chamber@wsrchamber.com



Become a Member of the Chamber Today! Complete this application and return it with your dues investment to the Chamber office.

Dues Scale

Individual*	
Non-Profit*	
Small Business (1 to 9 Employees)	
Medium Business (10 to 24 Employees)	
Large Business (25 to 35 Employees)	
Corporate (1 to 3 locations or 36+ Employees) **Each additional location is \$275.00**	
Manufacturing or Green Space (1 to 3 locations) **Each additional location is \$550.00**	

Annual Dues—Chamber Dues are billed annually and due August 1st.

	Small	Medium	Large	Corporate	Manufacturing	Non-Profit	Individual
August	\$220.00	\$413.00	\$633.00	\$825.00	\$1,650.00	\$110.00	\$55.00
January	\$147.00	\$275.00	\$422.00	\$550.00	\$1,106.00	\$74.00	\$37.00
April	\$76.00	\$138.00	\$211.00	\$275.00	\$800.00	\$37.00	\$19.00

Corporate membership includes city government, financial institutions including banks, savings and loan offices and credit unions, hotels/motels, new car dealerships, and any business that has more than 36 employees (employees are based on full time with two part time making one full time employee in the local office**). All locations will be listed in the Chamber directory. Corporate 1-3 Locations or 36+ Employees \$825 per year (each additional location \$275 per year) Fill out a separate form for each location. Green Space 1-3 Locations \$1,650.00 per year (each additional location \$550 per year) Fill out a separate form for each location.

* These categories of membership are restricted to individuals or non-profit organizations that are not directly engaged in a business or commercial enterprise, nor are engaged in a profession for profit. Individuals receive information and can attend Chamber events, but cannot advertise or promote any business.

(Lapsed members must pay a \$25 reactivation fee, pay any outstanding invoices, and dues for the current year in order to be reinstated.)

Name of Business: _____

Type of Business: _____

Owner: _____ Manager: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Web Address: _____

Hours of Operation: _____

Business Anniversary (Month/Year): _____

Services Offered: _____

Number of Employees: Full Time _____ Part Time _____ Type of Membership: _____

Signature: _____ Date: _____

Would you like any of your information kept private/for office use only? ☐ Yes ☐ No

If yes, please indicate what information you would like kept private by writing "Private" after the information.

If information is kept private it will not be listed on the web site or printed in the membership directory.

For office use only:

Membership Effective Date: ____/____/____

Referred by: _____