



2020-2021

ANNUAL INVESTMENT MEMBERSHIP APPLICATION

Business or Individual Name _____

Address _____ Phone # _____ Fax # _____

City _____ State _____ Zip _____

E-mail _____ Website _____

Owner or Manager (name) _____ Mobile # _____

Please include, with this form, any information you want included on our website or in the chamber directory about your business, including a picture of your business. These directories will be available to the public, so please include as much detail as possible. Please mail this form along with payment to the **Hartville Area Chamber of Commerce, PO Box 307, Hartville MO 65667** or return to Natasha at the Hartville Care Center. Make checks payable to: Hartville Area Chamber of Commerce

Type of Membership (Please check one)

Large Business Member (16 or more employees - \$100) _____

Medium Business (5 to 15 employees - \$40) _____

Small Business (5 employees or less - \$35) _____

Banks and/or Loan Institutions (\$10 for every million on deposit) _____

Not-for-profit Corporation (\$25) _____

Farmers and/or Individuals (\$20) _____

Number of Employees _____ Fair Share Dues \$ _____ Additional Contribution \$ _____

Signature of Member and/or Business Representative

Signature of Chamber Representative

Office Use Only:

Amount Paid: _____

Date/Rep. Initials: _____

Added to Email & Website Listing: _____