

STEELVILLE AREA CHAMBER OF COMMERCE
2021 Membership Application

Please check the appropriate line.

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Associate Membership (Individual or Senior Citizen) | \$ 25.00 |
| <input checked="" type="checkbox"/> Business Level One (5 employees or less) | \$ 75.00 |
| <input type="checkbox"/> Business Level Two (6-10 employees) | \$125.00 |
| <input type="checkbox"/> Business Level Three (10 or more employees) | \$175.00 |
| <input type="checkbox"/> *Religious Organization (as designated by the State) | \$ 0 (Please Complete Application) |
| <input type="checkbox"/> *Civic, Non-Profit, Trade or Membership Exchange | \$ 0 (Please Complete Application) |
| <input type="checkbox"/> New Business Member | \$ 0 (First Year) |

Membership dues include a listing on the Chamber website containing your business name, address, phone number, website link, and email address, and a 25 word description of your business under one category listing (as determined by the Chamber). See below.

*Religious, Civic, Non-Profit, Trade or Membership Exchange Agreement Members: Your information is needed. Please complete the Application and mail it to the address below, or email it to chamber@misn.com.

Business/Associate Name: _____

Contact Name: _____

Mailing Address _____

Physical Address: _____

Phone Number: _____

Email Address: _____

Website Address: _____

Date Business was Established: _____

25 Word description: _____

Please make checks payable to Steelville Area Chamber of Commerce. Mail payment to: P.O. Box 956, Steelville, MO 65565. Please contact the Chamber at 573-775-5533 or [chamber@misn](mailto:chamber@misn.com) with any questions.

Thank you for your Membership.

STEELVILLE AREA CHAMBER OF COMMERCE
Online Plus Package

The **Online Plus Package** is an additional 25 word description of your business (50 words total), one photo or logo of your business under three category listings for an additional \$25 fee.

For the Online Plus Package, please complete this form and return with your membership application and dues.

Please provide the information below as you want it to appear on the Chamber website.

Business Name: _____

Address: _____

Email: _____ Phone: _____

Website: _____

Please email your photo or logo to chamber@misn.com

Please choose up to three Website Category listings for your business:

- | | |
|---|--|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Farm Equipment |
| <input type="checkbox"/> Campground | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Churches | <input type="checkbox"/> Floating |
| <input type="checkbox"/> City and County Offices | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Dining and Entertainment | <input type="checkbox"/> Hardware and Lumber |
|
 | |
| <input type="checkbox"/> Healthcare and Beauty | <input type="checkbox"/> Pool and Spa |
| <input type="checkbox"/> Hotel and Resort | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Insurance Services | <input type="checkbox"/> School |
| <input type="checkbox"/> Local Services | <input type="checkbox"/> Specialty Shop |
| <input type="checkbox"/> Other | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Pharmacies | <input type="checkbox"/> Utility Service |

Additional Wording (25 words).

Allow 14 days for your information to be added. Please check your information on our website at steelvillechamber.com.