

Application

Published Information

Date: _____

Business/Organization/Individual Name _____

Physical Address _____ C/S/Z _____

Mailing Address _____ C/S/Z _____

Phone _____ Fax _____

Website _____ Business/General Email _____

Representative Information

Primary Contact _____ Title _____

Email _____ Office Phone _____ Cell _____

Alternate Contact _____ Title _____

Email _____ Office Phone _____ Cell _____

Billing Contact _____ Title _____

Email _____ Office Phone _____ Cell _____

**Additional representatives may be added through the Chamber website once profile is established.*

Profile Information

Product/Service Provided _____

Business Categories: Primary _____ Secondary _____

Full-time Employees _____ Part-time Employees _____

Membership Investment

Signature	\$5,000
Cornerstone	\$3,500
Innovator	\$1,000
Advocate	\$225
Nonprofit with budgets less than \$100,000	\$100
Individual no business or political affiliation	\$50
Seniors (60+) no business or political affiliation	\$25

Additional Marketing Opportunities

Ribbon Cutting	FREE
GML Spotlight	\$150
WWIN Spotlight	\$75
XMIN Spotlight	\$75
Member Announcement Eblast	\$150
Member Mailing List Labels	\$25
Member Mailing List Excel File	\$50
Coffee ConneXion Host	\$50

_____ I understand Chamber communications will be emailed to the email addresses listed above and other reps as added to my listing.

_____ It is understood that membership is an annual membership regardless of the payment method selected and the full annual payment will due within 90 days.

Member Investment	\$ _____
Additional Marketing	\$ _____
New Member Admin Fee	\$ <u>25.00</u>
Total Amount Due	\$ _____

Payment Method
 Cash Check Credit Card

CC# _____

Exp _____ V-Code _____

CC Billing Address _____

CC Billing Zip Code: _____

Signature _____

Date _____

Questions? Call 417.725-1545 or email Michelle@NixaChamber.com

Please complete this form and return to Nixa Area Chamber of Commerce,
 106 W. Sherman Way Ste 6, Nixa, MO 65714