

# Sparta Area Chamber of Commerce



P.O. Box 465  
Sparta, Missouri 65753

## APPLICATION FOR MEMBERSHIP

### Business Information

Company Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Business Type \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Website \_\_\_\_\_

Facebook <http://facebook.com/> \_\_\_\_\_

Would you like your business and/or events listed on the Chamber Website, Social Media page or directory?  Yes  No

Description of Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Membership  Individual \$50  Sole Proprietor  \$75

1-5 Employee Business  \$100  6-15 Employee Business  \$150

16-50 Employee Business \_\_\_ \$200            51+ Employee Business \_\_\_ \$300

Non-Profit Organization-Free *Non-Profit Leaders may purchase Public Individual memberships for themselves in addition to their organization if they wish to do so.*

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Are you interested in a Ribbon Cutting at and for your business? \_\_\_ Yes        \_\_\_ No

Primary Contact Information

Name: \_\_\_\_\_ Title \_\_\_\_\_

Cell Phone \_\_\_\_\_ Contact Preference: \_\_\_ Phone    \_\_\_ E-Mail

Mailing Address: Check here if same as physical and skip \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Chamber Officer \_\_\_\_\_ Date \_\_\_\_\_

*Coming together is a beginning, keeping together is progress, working together is success.*  
-Henry Ford

OFFICE USE

DATE OF MEMBERSHIP \_\_\_\_\_ MEMBERSHIP GOOD UNTIL \_\_\_\_\_

DUES COLLECTED \$ \_\_\_\_\_ CHECK # \_\_\_\_\_

FUND DEPOSITIED. TREASURER INITIALS \_\_\_\_\_

BOARD MEMBER INITIALS \_\_\_\_\_