



108 West Adams Ave.
 St. Louis MO 63122
 314.821.4161 Fax 314.821.5229
 iris@thechamber.us
www.kirkwooddesperes.com

CHAMBER MEMBERSHIP DUES SCHEDULE & CONTRACT

THANK YOU for investing in the one of the largest advocates for business in St. Louis County! Please fill in the appropriate investment level, based on the number of employees in your company, and total at the bottom. Please return the signed form with your check or credit card information (see below). *Two part-time employees count as one full-time employee.*

Individual Levels:			
	Retired	\$105.00	_____
	Employed (i.e., living in service area, but employer is located outside the area)	\$175.00	_____
Business Levels:			
	Self-Employed (No employees)	\$175.00	_____
	1-4 Employees	\$315.00	_____
	5-10 Employees (includes 1 additional representative)	\$425.00	_____
	11-20 Employees (includes 1 additional representative)	\$455.00	_____
	21-35 Employees (includes 2 additional reps)	\$540.00	_____
	36-49 Employees (includes 2 additional reps)	\$595.00	_____
	50-75 Employees (includes 3 additional reps)	\$745.00	_____
	76-99 Employees (includes 3 additional reps)	\$845.00	_____
	100-299 Employees (includes 4 additional reps)	\$965.00	_____
	300-499 Employees (includes 5 additional reps)	\$1,105.00	_____
	500+ Employees (includes 6 additional reps)	\$1,245.00	_____
	One-time Set-Up Fee:	+	25.00
	Total Dues Investment:	\$	_____

Business Name: _____ **Referred by:** _____

Address: _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Home Zip:** _____

Email: _____ **Website:** _____

Category: _____ **Describe Products/Services:** _____

Number of Employees: Full-Time _____ **Part-Time:** _____

Primary Contact: _____ **Email:** _____ **Cell:** _____

Associate Rep: _____ **Email:** _____ **Cell:** _____

Associate Rep: _____ **Email:** _____ **Cell:** _____

Method of Payment: Check # _____ Credit Card:

MC / VISA / AMEX: Credit Card #: _____ **Exp. Date:** _____

Name on Credit Card: _____

Billing Address for Credit Card: _____ **Zip Code:** _____

I hereby subscribe and promise to pay annual membership dues to the Kirkwood-Des Peres Area Chamber of Commerce for its work in building better business and better communities. This membership is continuous until cancelled by either party in writing, or dissolution of business or its relocation from the Chamber trade area.

Signature _____ **Date** _____

Your investment may be deductible as a business expense. NOT as a charitable contribution