



# Membership Investment 2018-2019 Civic Member

The Greater Warrensburg Area Chamber of Commerce create opportunities that drive commerce and promote business.

**Your full membership investment is due at the time you join.**

On October 1 your investment will be prorated for the second year of membership, ensuring all members are on the same October billing cycle.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone (not public): \_\_\_\_\_

E-mail: \_\_\_\_\_ Referred by: \_\_\_\_\_

## Investment Rates

### Civic Membership

Individual (Non-Business)	\$100
Retired (65 & Over)	\$55
Spouse of Member	\$55

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Annual Investment	\$ _____
Committee Fee:	
BCC \$50	\$ _____
MAC \$25	\$ _____
WYP \$20	\$ _____
<b>Total Investment:</b>	<b>\$ _____</b>

### Method of Payment:

- Cash       Credit Card (see separate sheet)
- Check # \_\_\_\_\_

Thank you for your investment in the Warrensburg Chamber of Commerce!

## Areas of Involvement

You may select more than one committee of interest. Positions subject to availability and a selection process.

- |   |  |
|---|--|
| <input type="checkbox"/> Alternative Income     | <input type="checkbox"/> Military Affairs (\$25/yr)                |
| <input type="checkbox"/> Business Development   | <input type="checkbox"/> Warrensburg Young Professionals (\$20/yr) |
| <input type="checkbox"/> Finance                | <input type="checkbox"/> Women In Networking                       |
| <input type="checkbox"/> Governmental Relations | <input type="checkbox"/> Base Community Council (\$50/yr)          |
| <input type="checkbox"/> Marketing              |  |
| <input type="checkbox"/> Member Relations       |  |

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How would you prefer to display Chamber membership?

- Window/door cling     Printed Certificate     Both
- Yes the Chamber may release my name to the media for possible promotional opportunities.
- Check here if the Applicant or any person who will be participating in Chamber activities as a Representative of the Applicant has a conviction for any felony offense under the laws of any state or of the United States. Please give details below:

**For office use only:**

<input type="checkbox"/> Welcome e-mail _____	<input type="checkbox"/> Rev. b/s _____	<input type="checkbox"/> Packet w/ front page to LL _____	<input type="checkbox"/> Junior Ambassador _____
<input type="checkbox"/> In database, website updated _____	<input type="checkbox"/> Front & back to ST _____	<input type="checkbox"/> FB welcome _____	<input type="checkbox"/> 1 month _____
<input type="checkbox"/> Packet: welcome card, clings, OD, M2M, CLEG, SL/ST cards, What's Next _____	<input type="checkbox"/> Flash welcome _____	<input type="checkbox"/> Referral thank you _____	<input type="checkbox"/> 3 months _____
			<input type="checkbox"/> 6 months _____