

2019 INVESTMENT SCHEDULE

General Membership (Number of full-time or equivalent employees)

0-5 \$469	101-125 \$1,293	351-400 \$2,170	801-850 \$3,403
6-10 \$503	126-150 \$1,404	401-450 \$2,258	851-900 \$3,540
11-15 \$713	151-175 \$1,509	451-500 \$2,380	901-950 \$3,680
16-20 \$762	176-200 \$1,614	501-550 \$2,690	951-1,000 \$3,826
21-30 \$878	201-225 \$1,722	551-600 \$2,799	1,001+ \$3,981
31-40 \$911	226-250 \$1,831	601-650 \$2,907	(Plus \$2.10 per additional employee)
41-50 \$934	251-275 \$1,935	651-700 \$3,027	
51-75 \$1,107	276-300 \$2,010	701-750 \$3,148	
76-100 \$1,161	301-350 \$2,089	751-800 \$3,272	

Financial Institutions

(Banks, Savings & Loans, Credit Unions, etc.)

\$34 per million dollars in deposits (minimum \$469)

Professional

(Architect, Attorney, Certified Public Accountant, Chiropractor, Dentist, Engineer, Physician)

\$469 base + \$105 for each additional licensed professional

Hotels/Motels - # of sleeping rooms

\$469 + \$4.85 per sleeping room

Hospitals - # of beds

General membership investment + \$7 per bed

Annual Investment	_____
Enrollment (one time fee)	+ \$40
TOTAL	_____

Method of Payment

Check Cash M/C Visa Discover AMEX

Credit Card Account # _____ V-Code _____ Exp. Date _____

Date _____ Signature _____

RETURN COMPLETED FORM TO:

Springfield Area Chamber of Commerce

202 S. John Q. Hammons Pkwy · P.O. Box 1687 · Springfield, MO 65801-1687

phone 417.862.5567 · fax 417.862.1611

www.springfieldchamber.com · info@springfieldchamber.com

CHAMBER REPRESENTATIVE SIGNATURE _____ DATE _____



Company name _____ Company Phone _____

Date Established _____

Company mailing address
(Where you want to receive mail) _____ City _____ State _____ ZIP Code _____

Billing address
(If different from above) _____ City _____ State _____ ZIP Code _____

Website _____ Business e-mail _____

Primary contact name *Mr. Ms. Mrs.* _____ Title _____

Primary contact e-mail _____

Secondary contact name *Mr. Ms. Mrs.* _____ Title _____

Secondary contact e-mail _____

Additional contacts:

Contact name _____ Title _____

Contact e-mail _____

Contact name _____ Title _____

Contact e-mail _____

Contact name _____ Title _____

Contact e-mail _____

Number of full-time employees _____ Number of part-time employees _____

*** At no time will e-mail addresses or phone numbers be shared or sold.**

Business Category

This category will be used for your listing in the Chamber's Membership Directory on the website at www.springfieldchamber.com.

Please list the specific category your business is listed under in the Yellow Pages. *(List one)*

NAICS Code

To the best of my knowledge, all information provided on this Membership Application is correct and true, as of this date:

AUTHORIZED SIGNATURE _____ DATE _____