

Membership Application

Congratulations! You are joining the organization designed to support you and/or your business and all of Shell Knob. Complete the form below and mail with your first years membership investment.

BUSINESS MEMBERSHIP (Payment arrangements possible)

Prorated Investment Schedule		
Oct... \$225	Feb... \$150	Jun... \$ 75
Nov... 206	Mar... 131	July... 56
Dec... 188	Apr... 113	Aug... 263*
Jan... 169	May... 94	Sept... 244*

*Includes following years dues

ASSOCIATE MEMBERSHIP \$35/yr

Business/Organization or Associate Name: _____

Representative & Title _____

Mailing Address _____

Business Address _____

City _____

State, Zip _____

Phone _____ Toll-free Phone _____

Fax _____

Website Address _____

Email Address _____

Mail this completed application with a check to:
Shell Knob Chamber of Commerce
 P.O. Box 193
 Shell Knob, MO 65747



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