



Appleton City Area Chamber of Commerce Membership Application

Post Office Box 22 ~ Appleton City, MO 64724
Phone: 660-476-2631 ~ Fax: 660-476-2811
www.appletoncitymo.com ~ chamber@appletoncitymo.com

Appleton City - a great place to grow

Date: _____ Amount Enclosed: _____

Name of Business: _____

Contact Name and Title: _____

Business Address or Post Office Box Number:

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Type of Business: _____

Business Hours: _____ Days of Operation: _____

Website: _____ # of Employees: _____

Membership Fees (check one): **Charter member: \$25 until Nov. 1** _____

Business: \$50 _____ **Individual/Family: \$25** _____

Mail, fax or deliver application with payment to:

Appleton City Chamber of Commerce
PO Box 22, Appleton City, MO 64724

Membership in the Appleton City Chamber of Commerce constitutes express permission for the Chamber to transmit by facsimile machine to the numbers provided, through Email or written materials, including but not limited to those relating to goods, services, meetings or notices thereof. The signature below indicates understanding of the above and request for membership. Applicant's signature below also indicates that the applicant has been provided and has read the Appleton City Chamber of Commerce by-laws.

Applicant Signature: _____