



# MEMBERSHIP APPLICATION

PO BOX 542  
Louisiana, MO 63353

Email: [Info@louisianamochamber.com](mailto:Info@louisianamochamber.com)

## Type Of Annual Membership

\*Choose your type of membership

\*Full-time equivalent

Make check Payable to: Louisiana Chamber of Commerce.  
Return form and payment to: PO BOX 542 Louisiana, MO 63353.  
For other payment options please email us.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Individual (Non Business Member) \$30      | <input type="checkbox"/> Business with 0-2 Employees \$55  | <input type="checkbox"/> Business with 9-20 Employees \$230       |
| <input type="checkbox"/> Non-Profit Organization \$30               | <input type="checkbox"/> Business with 3-5 Employees \$120 | <input type="checkbox"/> Business with 21 or more Employees \$285 |
| <input type="checkbox"/> Municipality (City, Town or Village) \$250 | <input type="checkbox"/> Business with 6-8 Employees \$150 |   |

## Business Information

Business Name :

Business Representative :

Full Address :

Phone Number :

Email :

Website :

Social Media Handle :

Business Description :

Number of Employees :

## Individual Information (Non Business, Non Profit, Municipality)

Full Name :

Full Address :

Phone Number :

Email :

Website :

Social Media Handle :

Reason For Joining Chamber :

Date Received :

Received By :

Notes: