



Stover Chamber of Commerce MEMBERSHIP APPLICATION

Business Name _____

Type of Business _____

Contact Name _____
First Last Position

Business Address _____

_____-_____-_____/_____-_____-_____/_____-_____-_____
Primary Phone # Other Phone # Fax

Email _____ Website _____

Mailing Info/Same as above or: _____

1. Would you like to receive Chamber e-mail communications? Yes/No

2. What opportunities are you interested in? *Circle all that apply:*

Advocacy/ Group Benefits/ Networking/ Advertising/ Sponsorship/ Events/Contests/Website

Please accept this application for membership with the Stover Chamber of Commerce.

Membership in the Chamber is \$40.00 annually - due at calendar year end.

I understand that membership dues are nonrefundable.

Applicant's Signature

Date



Stover, Mo Chamber of Commerce

P.O. Box 309, Stover, MO 65078 | Tel: (573) 377-2303

www.stovermissouri.org