



366 S. Kirkwood Road.
 St. Louis MO 63122
 314-821-4161
www.kirkwooddesperes.com

CHAMBER MEMBERSHIP DUES SCHEDULE / PAYMENT OPTIONS & CONTRACT

THANK YOU for investing in one of the largest advocates for business in St. Louis County! Please fill in the appropriate investment level, based on the number of employees in your company, and total at the bottom. Please return the signed form with your check or credit card information (see below) to the Chamber office via email or mail. *Two part-time employees count as one full-time employee. Your investment may be deductible as a business expense, NOT as a charitable contribution.*

		Circle MONTHLY Payment OR ANNUAL Payment
Membership	Individual, Self-Employed, Sole Proprietor, One Owner.	\$264 = \$22.00 per month \$ 240
Levels:	1-4 Employees	\$449 = \$38.00 per month \$ 425
(Employees	5-10 Employees	\$599 = \$50.00 per month \$ 575
Includes Owners)	11-20 Employees	\$624 = \$52.00 per month \$ 600
	21-35 Employees	\$744 = \$62.00 per month \$ 720
	36-49 Employees	\$822 = \$69.00 per month \$ 798
	50-75 Employees	\$1,024 = \$86.00 per month \$1,000
	76-99 Employees	\$1,152 = \$96.00 per month \$1,128
	100-299 Employees	\$1,319 = \$110.00 per month \$1,295
	300-499 Employees	\$1,504 = \$126.00 per month \$1,480
	500+ Employees	\$1,684 = \$141.00 per month \$1,660
Set-Up:	ADD One-time SET-UP FEE to Total OR Fee will be added to the First Payment:	+ \$ 25.00
Options:	Additional Categories or Additional Primary Contacts \$25 each.	+ _____
	Additional Business Listings \$100 each (Same Owner & Employees at same Address below) . .	+ _____
	Web Enhanced Listing: \$325 / Additional Enhanced Listings \$50 each category	+ _____
	Ribbon Cutting: \$100. . (\$125 to hold Ribbon Cutting at The Chamber Office)	+ _____
	Total Dues Investment, or First Payment, plus Set-Up Fee and any Options selected . .	\$ _____

Business Name: _____ **Referred by:** _____
Address: _____ **Zip Code:** _____
Phone: _____ **Fax:** _____
Email: _____ **Website:** _____
Category: _____ **Describe Products/Services:** _____

Number of Employees, including Owners/Partners: Full-Time: _____ Part-Time: _____
Primary Contact: _____ **Email:** _____ **Cell:** _____
Associate Rep: _____ **Email:** _____ **Cell:** _____
Associate Rep: _____ **Email:** _____ **Cell:** _____

Method of Payment:
Credit/Debit Card #: _____ **Exp. Date:** ____/____/____ **Code:** _____
Name on Credit Card: _____
Billing Address for Credit Card: _____ **Zip Code:** _____

I hereby subscribe and promise to pay annual membership dues to the Kirkwood-Des Peres Area Chamber of Commerce. This membership is continuous and will renew automatically until cancelled by either party with 90 days written notice, or dissolution of business or relocation from the area. If making monthly payments, I understand that the amount indicated above will be withdrawn from the account indicated above each month for twelve continuous months, and then my membership will renew automatically until I give 90-days written notice. The \$25 set up fee will be added to the first payment.

Signature _____ **Date** _____ Rev. 2/2019