

*Dixon Area Chamber of Commerce*

PO Box 817

Dixon, MO 65459

Membership Application/Renewal

(Please Print)

Membership Year: \_\_\_\_\_

( ) \$45.00 Business ( ) \$25.00 Individual/Family

Name: \_\_\_\_\_

Proprietor (if business): \_\_\_\_\_

Contact and Title for business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

( ) check here if you do not want your email address shared or published on the Chamber's website, or on social media.

Web Address: \_\_\_\_\_

( ) check here if you do not want your web address shared or published on the Chamber's website, or on social media.

Signature and Title: \_\_\_\_\_

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CHAMBER USE ONLY

Date paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Type of Payment: ( ) Check ( ) Cash

Received by: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_